

121 000128224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2012-11-12 10:11:12

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fundamentally Whole Health, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Britnai Shiye
(Name of Person)
Fundamentally Whole Health
(Firm/Company)
825 Johnson Avenue
(Address)
Lakeland, FL 33801
(City/State and Zip Code)

For further information concerning this matter, please call:

Britnai Shiye at (772) 828-1405
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Fundamentally Whole Health LLC

2. The Articles of Organization were filed on 3/18/21 and assigned

document number LZ1000128224

3. The delayed effective date the dissolution if not effective on the date of filing: 3/18/22
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Closing & dissolving this LLC due to unforeseen
health issues. I will be filing for disability
& will no longer be able to run this business.
It has been inactive for over a year.

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Britnai Shiye
Signature

Britnai Shiye
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Fundamentally Whole Health

Document number of Limited Liability Company is: 621000128224

Date of dissolution was: 3/18/22

Description of information that must be included in a written claim:

This business has been inactive for over a year
now. My health has disabled me physically
+ financially. I am no longer able to continue
this LLC.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

829 Johnson Ave Lakeland, FL 33801

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Britnai Shipe

Printed Name of the Person Filing

Britnai Shipe

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00