

L21000136808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

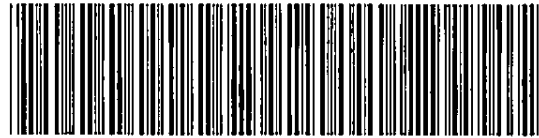
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/24--01018--020 **25.00

FILED
2024 DEC 10 AM 10:48
SECRET
TALLAHASSEE, FLORIDA

Sabine Bartzke
25016 Pinewater Cove Lane
Bonita Springs, FL 34134
Phone: (917) 846-2050

December 5, 2024

TO WHOM IT MAY CONCERN:

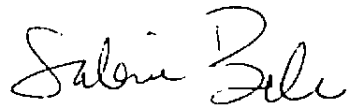
This serves as the requested cover letter to dissolve

SABINE BARTZKE COACHING LLC

as per enclosed forms.

My check for the filing fee and automatic certificate of dissolution for \$ 25 is enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sabine Bartzke".

Sabine Bartzke

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABINE BARTZKE COACHING 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:

SABINE BARTZKE

(Name of Person)

(Firm/Company)

25016 PINEWATER COVE LANE

(Address)

BONITA SPRINGS, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

SABINE BARTZKE

(Name of Person)

973

917 846-2050
632-7789

at ()

(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

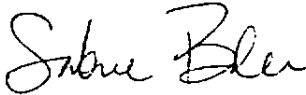
Street Address:

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
SABINE BARTZKE COACHING LLC
2. The Articles of Organization were filed on MARCH 23, 2021 and assigned
document number L21000136808
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2024
(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).
CEASED DOING BUSINESS
CEASED DOING BUSINESS
CEASED DOING BUSINESS
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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:



Signature

SABINE BARTZKE

Printed Name

FILING FEE: \$25.00

2024 DEC 10 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED