

h21 000312265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

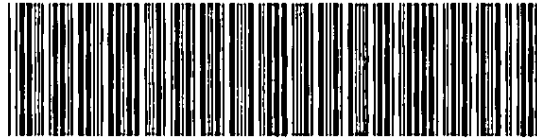
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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04/14/22--01010--002 **35.00

FILED
2022 JUL -5 PM 12:43
TALLAHASSEE, FL

7/13/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Better Behavior, 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:

Janis Oresta Cabanero
(Name of Person)

(Firm/Company)

2766 SW 129 Ave
(Address)

Miramar, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Janis Oresta Cabanero at (786) 277 4286.
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL -5 PM 12:41

TALLAHASSEE, FL

May 21, 2022

IARLIS CUESTA
2766 SW 129 AVENUE
MIRAMAR, FL 33027

SUBJECT: A BETTER BEHAVIOR LLC
Ref. Number: L21000312265

We have received your document for A BETTER BEHAVIOR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 622A00011606

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

2022 JUL -5 PM 12:43

A Better Behavior LLC

2. The Articles of Organization were filed on 7/7/2021 and assigned

document number L21000312265

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

Voluntary Dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Janis Cuesta Caballero

2766 SW 129th Ave

Miramar, FL, 33027

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

Janis Cuesta Caballero

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: A Better Behavior LLC

Document number of Limited Liability Company is: L21000312265

Date of dissolution was: 3/24/2022

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

Voluntary Dissolution - N/A

Name of member, insurance, date, and amount.

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

2766 SW 129 Ave, Miramar, FL, 33027

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.

Jariis Aresta Caballero
Printed Name of the Person Filing


Signature of the Person Filing