

LZ1000 326 916

(F	Requestor's Name)
(A	address)
Δ)	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



500435409675

08/27/24--01030--020 **100.00

2024 JUG 27 PH 4: 58

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Rainbow Family Wellness Name of Limited Liability Co	mpany
The enclosed Statement of Revocation of Dissolution for Florida Limi submitted for filing.	ted Liability Company and fee(s) are
Please return all correspondence concerning this matter to:	
Elizabeth Walfson Contact Person	_
Contact Person	
Firm/Company	_
57 Read Street, Unit B	
Tarpon Springs, FL 34689 City, State and Zip Code	_
Misslizzi a yahoo, com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Elizabeth Wolfson at 315 Name of Contact Person Area Code	350-8213 Daytime Telephone Number
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
1 analiassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED Jun 26, 2024 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

RAINBOW FAMILY WELLNESS LLC

The document number of the limited liability company: L21000326916

The file date of the articles of organization: July 19, 2021

A description of occurance that resulted in the limited liability company's dissolution:

THE BUSINESS WILL OPERATE SOLELY AS RAINBOW FAMILY WELLNESS INC.

The name and address of the person appointed to wind up the company's activities and affairs:

3629 RANDALL COURT

PALM HARBOR, FL 34684

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: ELIZABETH WOLFSON

Electronic Signature of authorized person

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

i.	The name of the company is: Rainbow Family Wellness
2.	The document number of the company is L21000326916
3.	06/26/2024
	8/20/2024
5.	A copy of the Articles of Dissolution is attached.
٥.	Elizableh W
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

194 î.UG 2.7 PH 4:5

CR2E132 (10/15)