

L21 000 362952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

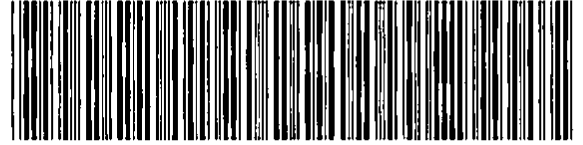
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 13 2023

Office Use Only



800391504638

FILED
2023 FEB 10 AM 9:32
SECRETARY
TALLAHASSEE, FL

RECEIVED
2023 FEB 10 AM 10:26
DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date:

02/10/2023

Acc#120160000072

en: c DW

Name:	R LIFE (FL), PLLC
Document #:	
Order #:	14664555

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notific
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2023 FEB 10 AM 9:54

SECRETARY OF
TALLAHASSEE, FL

1. The name of a limited liability company is
R LIFE (FL), PLLC

2. The Articles of Organization were filed on 08/12/2021 and assigned
document number 1.21000362952

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

No longer conducting business in the state

No longer conducting business in the state

No longer conducting business in the state


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

Kineshia Adamson

9900 Bren Road East

Minnetonka, MN 55343

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

JORI SAWAN, AUTHORIZED PERSON

Printed Name

FILING FEE: \$25.00