

121 000 346 363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

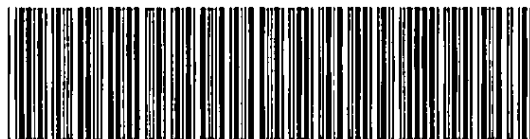
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2022 APR 29 AM 7:43  
TALLAHASSEE, FLORIDA

JUN 22 2022  
S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SENIOR MOMENTS CLUB 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:

MARTIN E. MILLER  
(Name of Person)

SENIOR MOMENTS CLUB LLC  
(Firm/Company)

16126 KELLY WOOD DRIVE  
(Address)

FORT MYERS, FL 33908  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN E. MILLER at (941) 525-0108  
(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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 29 AM 7:43

FILED

1. The name of a limited liability company is

SENIOR MOMENTS CLUB LLC

2. The Articles of Organization were filed on 8/30/2021 and assigned

document number L21000386363

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).

PERSONAL HEALTH PROBLEMS

UNABLE TO WORK.

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:

Martin E. Miller

Signature

MARTIN E. MILLER

Printed Name

FILING FEE: \$25.00