

LR1000393016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

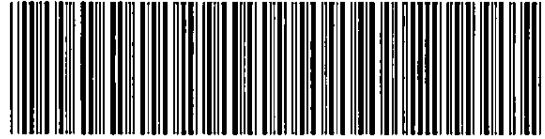
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 24 2024

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900428651229

05/06/24--01025--016 **25.00

FILED
2024 MAY -6 PM 12:55
CLERK OF COURT
JANUARY 17, 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metamorphic Wellness Solutions, 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:

Julia Buck

(Name of Person)

Metamorphic Wellness Solutions, LLC

(Firm/Company)

6950 Camden Ave

(Address)

Cocoa, FL 32927

(City/State and Zip Code)

For further information concerning this matter, please call:

Julia Buck

(Name of Person)

760

803-0555

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**

FILED
2024 MAY -6 PM 12:55
VICTORIA SP/AD

1. The name of a limited liability company is
Metamorphic Wellness Solutions, LLC

2. The Articles of Organization were filed on 9/02/2021 and assigned
document number L21000393016

3. The delayed effective date the dissolution if not effective on the date of filing: 04/27/2024
(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).
This LLC is dissolving because the owner/officer has stopped providing wellness coaching services.

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

6950 Camden Ave

Cocoa, FL 32927

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

Julia Buck

Printed Name

FILING FEE: \$25.00

Enclosed check #403