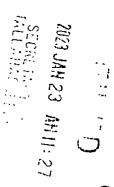
<u>Lal005a191a</u>

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City)	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	J. HORNE
	MAR 2 9 2023

Office Use Only



01/23/23--01022--025 **\$5.00





COVER LETTER

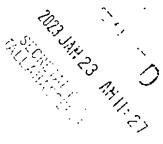
Registration Section Division of Corporations

TO:

SUBJECT: HEALTH CENTERED LIFE, LLC (Name of Limited Liability Company)		
(Name of Limited Liability Comp	pany)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RONALD A. BAUMLART (Name of Person)	- I	
HEALTH CENTERED LA (Firm/Company)	IFE, LLC	
9287 COACH HOUSE	LN	
ESTERO, FL 339 (City/State and Zip Code)	28	
·		
For further information concerning this matter, please call:		
RONAUDA. BAUMIART at (23) (Name of Person) (Area	(9) 3087464 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{\text{S55.00 File}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	ing Fee, Certificate of Dissolution & d Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Addr Registratio Division of Division of The Centre	ess: on Section of Corporations e of Tallahassee	
Tallahassee, FL 32314 2415 N. M	fonroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1	The name of a limited liability company is
•	HEALTH CENTERED LIFE
2.	The Articles of Organization were filed on 31022 and assigned
	document number $L21000521972$
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).
	BUSINESS IS NOT SUCCESSFUL
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: KONALD A. BAUMCART I
6	Signature of an authorized person or if there are no members, the signature of the person appointed and listed
at	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
4	
X.	Enall Signature KONAY A BAUMLARTI

FILING FEE: \$25.00