

L2200005036A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

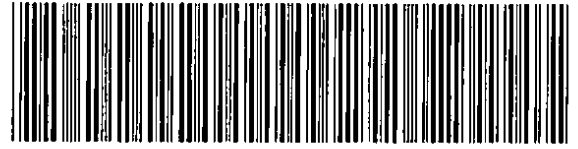
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

AUG - 4 2023

Office Use Only



300409999783

U.S. DEPT. OF COMMERCE

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATION  
2023 JUN -5 AM 8:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Radiant You Health  
(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:

Amy Mullikin  
(Name of Person)

Radiant You Health  
(Firm/Company)

537 SE 5<sup>th</sup> Ave  
(Address)

Melrose FL 32666  
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Mullikin at (352) 328-8217  
(Name of Person) (Area Code & Daytime Telephone Number)

amullikin@gmail.com

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**

1. The name of a limited liability company is

Radiant You Health

2. The Articles of Organization were filed on 1/28/2022 and assigned

document number L220000 50364

★ Name Changed from  
Joyful Aesthetics to Radiant You Hl  
on 4/11/2022

3. The delayed effective date the dissolution if not effective on the date of filing: 6/01/2023

(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).

I closed my business effective 4/11/2023.

This serves as the filing for dissolution.

Thank You.

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

Amy Mullikin

537 SE 5<sup>th</sup> Ave

Melrose FL 32666

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:

Amy Mullikin

Signature

Amy Mullikin

Printed Name

**FILING FEE: \$25.00**

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 JUN -5 AM 8:40

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Radiant You Health

Document number of Limited Liability Company is: L22000050364

Date of dissolution was: 6/01/2023

Description of information that must be included in a written claim: Proof of any debt.

No known outstanding claims.

I have no outstanding debts.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 JUN -5 AM 8:40

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

537 SE 5<sup>th</sup> Ave

Melrose FL

32666

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Amy Mullikin  
Printed Name of the Person Filing

Amy Mullikin  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**