L22000175766

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COVER LETTER

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

Section 18

	202
STATEMENT OF REVOCATION OF DISSOLUTION FOR	2024 1.05 14
FLORIDA LIMITED LIABILITY COMPANY	
Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its art dissolution prior to the expiration of 420 days following the effective date (or file date, if no effect articles of dissolution.	
1. The name of the company is: Best Life Choices	LLC.
2. The document number of the company is	6
3. The effective date the Dissolution was filed is	,
4. The revocation of dissolution was authorized on	
5. A copy of the Articles of Dissolution is attached.	
Musely Dian-Medina	
Signature of person authorized to submit the revocation of dissolution	

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

FILED Oct 24, 2024 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

BEST LIFE CHOICES LLC

The document number of the limited liability company: L22000175766

The file date of the articles of organization: April 12, 2022

A description of occurance that resulted in the limited liability company's dissolution:

COMPANY IS NO LONGER OPEN OR ACTIVE.

The name and address of the person appointed to wind up the company's activities and affairs:

MIRELYS DIAZ MEDINA 3220 NW 2 ST LAUDERHILL, FL 33311

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MIRELYS DIAZ MEDINA

Electronic Signature of authorized person