

h22000223729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

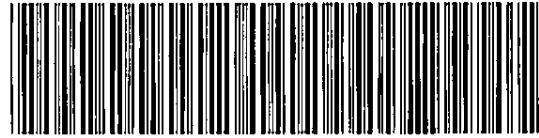
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SECRETARY OF STATE  
TALLAHASSEE, FL

2025 FEB 12 AM 8:58

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Optimal Wellness Hub 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:

Theresa Rizzo  
(Name of Person)

Optimal wellness Hub ? (former company)  
(Firm/Company)

617 NE 6th st  
(Address)

Gainesville, FL 32601  
(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Rizzo at (352) 284-0817  
(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

FILED

1. The name of a limited liability company is

Optimal wellness Hub LLC

2025 FEB 12 AM 8:58

2. The Articles of Organization were filed on

05/12/2022

and assigned  
SECRETARY OF STATE  
TALLAHASSEE, FL

document number

L2000223729

3. The delayed effective date the dissolution if not effective on the date of filing:

06/25/2022

(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).

The business did not work out. It was 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:

Theresa Rizzo

617 NE 6th St

Gainesville, FL

32601

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]  
Signature

Theresa Rizzo  
Printed Name

FILING FEE: \$25.00