

L-22000 299 725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

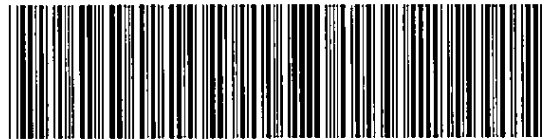
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 5 2023

Office Use Only



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01/31/23--01023--007 **25.00

2023 JAN 31 PM 12:40
RECEIVED
FALLS CHURCH, VA

7-11-23
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alafia Life
(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:

Tommy Connolly
(Name of Person)

Alafia Life
(Firm/Company)

6015 Adams Street
(Address)

Coiksonen, FL 33534
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy Connolly at 813, 857-7087
(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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2023 JAN 31 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

ALAFIA LIFE

2. The Articles of Organization were filed on 7-5-22 and assigned

document number L220000299275

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).

Lost interest, not profitable

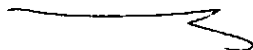
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Tammy Connolly

2115 Adams St.

Gibsonton, FL 33534

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

Tammy Connolly

Printed Name

FILING FEE: \$25.00