

L22000 301 371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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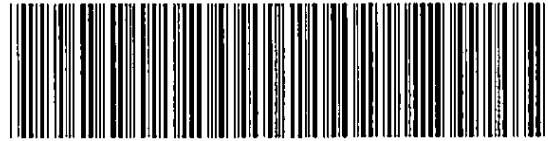
(Business Entity Name)

(Document Number)

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03/06/24 -01002--021 **25.00

2024 FEB -6 PM 11:42
FEB 6 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Counseling & Wellness, 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:

NaNette S. Clark

(Name of Person)

Genesis Counseling & Wellness, LLC

(Firm/Company)

1550 Orange Blossom Trail, NE

(Address)

Palm Bay FL 32905

(City/State and Zip Code)

2024 FEB -6 PM 11:42
STATE
FBI

For further information concerning this matter, please call:

NaNette S. Clark

(Name of Person)

321 698-2366
at ()

(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**

1. The name of a limited liability company is

Genesis Counseling & Wellness

2. The Articles of Organization were filed on 04/04/2023 and assigned

document number L222000301371

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).

I presently work a full time job. The time needed to build this business does not fit in with my work, and family

life. Therefore, it is necessary to dissolve this entity.

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

NaNette S. Clark

1535 Absaroka Lane

Malabar FL 32950

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

NaNette S. Clark

Printed Name

FILING FEE: \$25.00