

L 2 2 0 0 0 3 2 2 4 3 3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

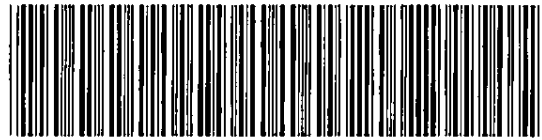
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



500420166475

12/11/23--01018--008 **25.00

SECURITY
TALLAHASSEE

2023 DEC 11 PM 4:19

2023 DEC 11

COVER LETTER

TO: Registration Section
Division of Corporations
Wild Orchid Wellness LLC

SUBJECT: _____
(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:

Caitlin Pyle

(Name of Person)

Wild Orchid Wellness LLC

(Firm/Company)

1810 Barker Drive

(Address)

Winter Park, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Caitlin Pyle

407

4264287

(Name of Person)

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
Wild Orchid Wellness LLC

2. The Articles of Organization were filed on 7/20/22 and assigned
document number L22000322433

3. The delayed effective date the dissolution if not effective on the date of filing: 12-4-2023
(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).

There was no occurrence, the LLC was incorporated but no action was taken to operate it and the owner is now moving in a different direction entirely.

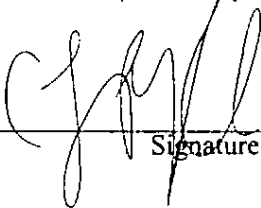
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

Caitlin Pyle

1810 Barker Drive

Winter Park, FL 32789

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

Caitlin Pyle

Printed Name

FILING FEE: \$25.00

FILED
2023 DEC 11 PM 4:19
SEC 11