

L22 000 357 113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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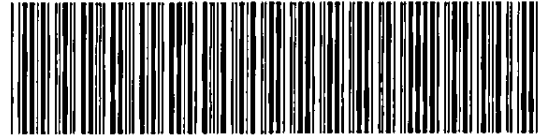
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH & WELLENES PERFORMANCE

\_\_\_\_\_  
(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:

DEAN ANDREADIS

\_\_\_\_\_  
(Name of Person)

HEALTH & WELLENES

\_\_\_\_\_  
(Firm/Company)

2 SAINT GILES ROAD

\_\_\_\_\_  
(Address)

PALM BEACH GARDENS FLORIDA 33418

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dean Andreadis

\_\_\_\_\_  
(Name of Person)

561

632-2682

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 \_\_\_\_\_

2. The Articles of Organization were filed on 08/15/2022 and assigned  
document number L22000357113

3. The delayed effective date the dissolution if not effective on the date of filing: 03/31/2023  
(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).

THE LIMITED LIABILITY COMPANY WAS NEVER OPERATED OR UTILIZED 08/15/2022-03/31/2023

IT IS NOT REQUIRED. PLEASE DISSOLVE THE LIMITED LIABILITY COMPANY. THANK YOU

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

2 SAINT GILES ROAD

PALM BEACH GARDENS FLORIDA 33418

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

DEA ANDREADIS

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED