## L22000423905

(Requesto	or's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
<u></u>		
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	
opeoid: mondonons to 1 imig	J. 11001.	

Office Use Only



600404079126

03/09/23--01012--004 \*\*30.00

SECRETARY OF STATE

neitulosa (

AUG 0 4 2023 D CUSHING

## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: The Healing Institute, 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:
SANDRA GARCON DEGENITE  (Name of Person)  THE Healing Institute, UC  (Final Company)  1130 NW 123rd Sf  (Address)  Miami FL 33168
(City/State and Zip Code)  For further information concerning this matter, please call:  SANCIRA CHINM Definition (Area Code & Daytime Telephone Number)  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  S25.00 Filing Fee and 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



May 23, 2023

SANDRA GARCON DEGENILLE THE HEALING INSTITUTE, LLC 1130 NW 123RD ST MIAMI, FL 33168

SUBJECT: THE HEALING INSTITUTE, LLC

Ref. Number: L22000423905

We have received your document for THE HEALING INSTITUTE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Since you have already incorporated the company in the State of Florida you cannot file a conversion now. If you are wanting the Massachusetts LLC to have the authority to transact business in the State of Florida you will need to file a dissolution of the Florida company registered in our office and then turn around and qualify the Massachusetts company to do business in our State. I am enclosing the forms to accomplish this. With the qualification paperwork you will need to add a note that you will not revoke the dissolution and you may also want to add it is the same company/people.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 723A00011838

Forms completed
with affached proof
of existance and check

JUL -7 2023

www.sunbiz.org

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  THE HEALING INSTITUTE, LLC
2.	The Articles of Organization were filed on $9/30/9099$ and assigned $3/30/9099$
	document number <u>L 27000423</u> 905
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).
	Original intend was to operate it as a Foreign LLC
	as the organization is already registered a functioning
	in the state of Ma for a few years.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  SANCA GARLON DEGENILLE
_	C' C I C I C I C I C I C I C I C I C I C
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed bove to wind up the company's activities and affairs:
•	SANdra GARLON Degenille
	Signature Printed Name

FILING FEE: \$25.00