

L22000431469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

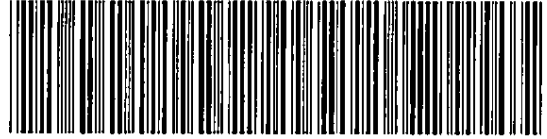
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300420789793

FILED

2023 DEC 28 AM 11:33

ALLAHASSEE, FLORIDA

RECEIVED

2023 DEC 28 PM 3:10

ALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 231534 5015045

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2023

ORDER TIME : 12:58 PM

ORDER NO. : 231534-005

CUSTOMER NO: 5015045

DOMESTIC FILINGS

NAME: CALIBER FUNCTIONAL WELLNESS,  
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CALIBER FUNCTIONAL 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:

Joshua Bell

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

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

1575 Pine Ridge Road, Suite 6

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

Naples, FL 34109

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

For further information concerning this matter, please call:

Colleen Gavin

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

212

471-1826

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

FILED

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

2023 DEC 28 AM 11:34

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Caliber Functional Wellness, LLC

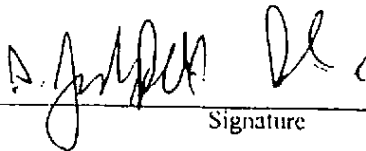
2. The Articles of Organization were filed on October 6, 2022 and assigned  
document number L22000431469

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).  
The company ceased doing business

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

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

Joshua Bell

Printed Name

FILING FEE: \$25.00

12-28-23  
JP