

L22 000 475 076

W

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

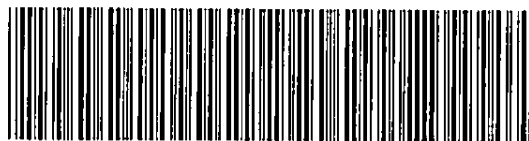
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

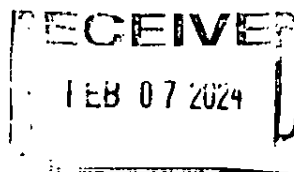
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2024 MAR 29 PM 3:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: nathalie ferrato health & life 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:

nathalie ferrato
(Name of Person)

(Firm/Company)

6524 sw 39th street
(Address)

palm city, fl 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

nathalie ferrato at (772) 5282055
(Name of Person) (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
nathalie ferrato health & life llc
2. The Articles of Organization were filed on 2023 and assigned
document number L22000475076
3. The delayed effective date the dissolution if not effective on the date of filing: 01/01/2024
(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).

My insurance appointment United Health care cannot pay in the name of the LLC only my personal name due to l

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

6524 SW 39th St

Palm City FL 34980

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

Nathalie Ferrato
Printed Name

FILING FEE: \$25.00

2024 MAR 29 PM 3:30

FILED