

L23000129232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

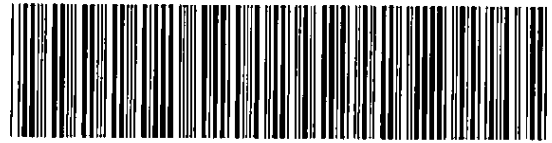
(Document Number)

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

Special Instructions to Filing Officer.

J. HORNE  
AUG 20 2024

Office Use Only



000434521010

08/09/24--01025--017 \*\*25.00

FILED  
2024 AUG -9 PM 3:23  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Celebrate Life Today 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:

Tammy Lee

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

Gov Electronic Filing Svc

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

1708 Spring Green Blvd Ste.120-368

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

Katy, TX 77494

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

For further information concerning this matter, please call:

Tammy Lee

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

at ( 888 ) 832 - 4680  
\_\_\_\_\_  
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**

FILED  
2024 AUG -9 PM 3: 24  
DEPARTMENT OF STATE  
FLORIDA

1. The name of a limited liability company is  
Celebrate Life Today LLC
2. The Articles of Organization were filed on 03/13/2023 and assigned  
document number L23000129232
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).  
Business closed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

Millie Rudick Morrison  
Signature

Millie Rudick Morrison  
Printed Name

**FILING FEE: \$25.00**