

L23000129812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

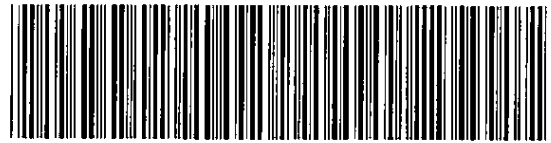
(Document Number)

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2023 OCT -6 AM 11:35  
TNT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wholistic Body Therapy, 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:

Patricia Hartfield  
(Name of Person)

Wholistic Body Therapy, LLC  
(Firm/Company)

P.O. Box 352  
(Address)

Melbourne, FL 32902  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Hartfield at (321) 271-5823  
(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

Wholistic Body Therapy, LLC

2. The Articles of Organization were filed on March 13, 2023 and assigned  
document number L23000129812 effective March 24<sup>th</sup> 2023

Amendment  
of name  
July 13<sup>th</sup>

3. The delayed effective date the dissolution if not effective on the date of filing: August 24<sup>th</sup> 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).

Dealing with more health treatments  
right now for lupus - have to focus on this  
for now till its under control

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

Patricia Hartfield

P.O. Box 352

Melbourne, FL

32902

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FLORIDA  
SECRETARY OF STATE

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:

Patricia Hartfield  
Signature

Patricia Hartfield  
Printed Name

**FILING FEE: \$25.00**