

L23000413497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

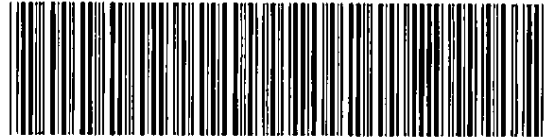
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400414617204

LLC dissolution

FILED
2023 SEP 15 PM 12:56
CLERK OF COURT
ALACHUA COUNTY, FLORIDA

RECEIVED
2023 SEP 15 PM 2:53
ALACHUA COUNTY, FLORIDA

A. RAMSEY

SEP 18 2023

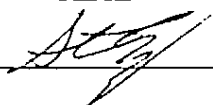
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PATHWAY DETOX LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATHWAY DETOX 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:

CODY NEELEY
(Name of Person)

Pathway Detox LLC
(Firm/Company)

417 E Virginia St. Ste. 1
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

CODY NEELEY at (561) 225-3343
(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

FILED

2023 SEP 15 PM 12 56

1. The name of a limited liability company is

Pathway Detox LLC

2. The Articles of Organization were filed on 09/06/2023 and assigned

document number L23000413497

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).

NO longer 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:

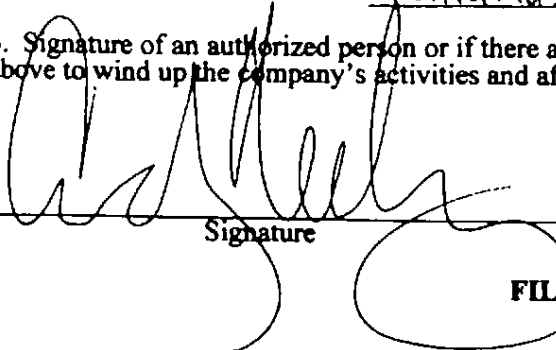
CODY Neeley

417 E Virginia St.

Ste 1

Tallahassee, FL 32301

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

CODY Neeley
Printed Name

FILING FEE: \$25.00