

MS000003890

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(Requestor's Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A FULFILLED LIFE, INC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LaKisha Erwin

Contact Person

A FULFILLED LIFE, INC

Firm/Company

P.O. Box 2622

Address

Vero Beach, FL 32961

City, State and Zip Code

info@Afulfilledlife.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaKisha Erwin

Name of Contact Person

at ( 772 )

Area Code

633-5350

Daytime Telephone Number

**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**  
**Jun 11, 2023**  
**Secretary of State**

## **ARTICLES OF DISSOLUTION**

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

**FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
A FULFILLED LIFE, INC.

**SECOND:** The document number of the corporation: N18000003890

**THIRD:** The corporation has no members or members entitled to vote on the dissolution.  
The date of adoption of the resolution by the board of directors was June 9, 2023.  
The number of directors in office was 3 and the vote for resolution was  
3 for and 0 against.

**FOURTH:** Effective date of dissolution: June 11, 2023

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LAKISHA ERWIN OWNER  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative