P15000086499

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City.	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	ilina Officer:
	9 =
	J. HORNE
	OCT - 5 2023

Office Use Only



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COVER LETTER

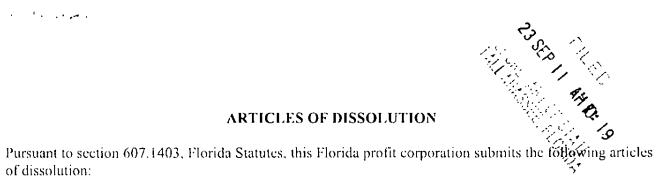
TO: Amendment Section Division of Corporations

SUBJECT: Dissol	ve Corporation		
DOCUMENT NU	JMBER: P15000086499		<u></u>
The enclosed Arti	cles of Dissolution and f	ee are submitted for filing	y .
Please return all co	orrespondence concerning	g this matter to the follow	ing:
Deanna Graziano			
· · · ·	(Name of	Contact Person)	
A Pure Lifestyle Inc			
	(Firm	n/Company)	
15361 Laughing Gull	Lane		
	(A	ddress)	
Bonita Springs, FL 3	4135		
	(City/Sta	te and Zip Code)	
For further inform	ation concerning this made	tter, please call:	
Deanna Graziano		at (at (
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	int:	
□ \$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Addre	·cc·	Street Address:	

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



CHANGE -

of dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

	A Pure Lifestyle Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 9/5/2023
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) 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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Deanna Graziano
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35