## 1080000008690

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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04/27/09--01025--023 \*\*30.00

T. CLINE APR 2.8 2009 **EXAMINER**  FLORIDA DEPARTMENT OF STATE DIVISION OF COORPORATION ATT: Registration Section P.O. Box 6327, Tallahassee, Fl. 32314

Reference:

NUTRICION Y SALUD II, LLC

Subject:

Dissolve a Florida Limited Liability Company

To Whom It May Concern:

Please send us a letter uf acknowledgment after the dissolution have been filed.

My address is

100 Bayview Dr. Apto 605 Sunny Isles Beach Fl. 33160

Phone (954) 478-4925

Regards,

Andres Gutierrez

cc.. Juan carlos Izquierdo

2009 APR 27 AM II: 21
SECRETARY OF STATE
ORIO

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NUTRICION Y SALUD II, 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:		
Andres Gutierrez		
(Name of Person)	_	
(Firm/Company)	_	
100 Bayview Dr. apto 605	z., 28	
(Address)	SECR SECR	m
Sunny Isles Beach Fl. 33160	2009 APR 27 SECRETARY	
(City/State and Zip Code)	J A	FILED
For further information concerning this matter, please call:	AM 11: 24 Y OF STATE SEE, FLORIDI	O
Juan Carlos Izquierdo at (786 ) 312-2718	<b>D</b>	
(Name of Person) (Area Code & Daytime Telephone Nur	nber)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Copy (additional copy is enclosed)  Certificate of Cer	of Status &	
MAILING ADDRESS: STREET/COURIER ADD	DRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is     NUTRICION Y SALUD II, LLC				
2. The Articles of Organization were filed on MARCH L08000028690	19, 2008	and ass	igned docu	ment number
3. The date the dissolution was approved: APRIL 14, 2	2009			
4. A description of occurrence that resulted in the limited lia 608.441, Florida Statutes, (copy 608.441 on back cover le	ability company's disso etter).			
The managing member are going to work in	dependently. It w	as a	mutual a	agreemen
			SECT	7009 A
			AF AF	PR
5. CHECK ONE:			SSE	_ r
All debts, obligations and liabilities of the limite	d liability company hav	e been	paid ondis	
OR-Adequate provision has been made for the debts,			0-1	
6. All remaining property and assets have been distributed a rights and interests.	_	-	Om	-
7. CHECK ONE:				
✓ There are no suits pending against the company	in any court.			
OR- Adequate provision has been made for the satisfa entered against it in any pending suit.	•	order (	or decree w	hich may be
ignatures of the members having the same percentage of mem	bership interests necess	sary to	approve the	e dissolution:
Signature	P	Printed Name		
H. lister.	Andr	Es	Sunie	nnee
A Bayledo	Juan			
/ 12-1-1			,	
	<u></u>			