

L12000099519

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

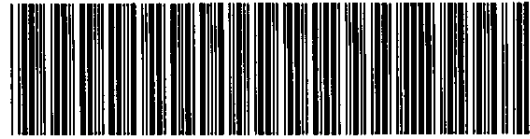
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2014 JAN 14 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 17 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LifeSource Vitamins, 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:

Bruce Brightman  
(Name of Person)

LifeSource Vitamins  
(Firm/Company)

354 W. Fairbanks Ave.  
(Address)

Winter Park, FL 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dania Guthrie at 407 960-6980  
(Name of Person) (Area Code & Daytime Telephone Number)

STATE OF FLORIDA  
TALLAHASSEE FLORIDA

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Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

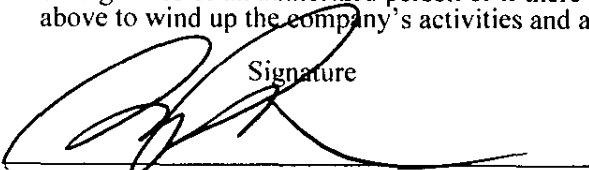
\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
LifeSource Vitamins, LLC
  
2. The Articles of Organization were filed on 8/01/2012 and assigned  
document number L12000099519
  
3. The delayed effective date the dissolution if not effective on the date of filing: Feb 1, 2014
  
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).  
Going out of 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: Dania Guthrie  
354 W. Fairbanks Ave.  
Winter Park, FL 32789  
\_\_\_\_\_
  
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	<u>Bruce Brightman</u> Printed Name
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**FILING FEE: \$25.00**

**FILED**  
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TALLAHASSEE FLORIDA