

L01000010312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

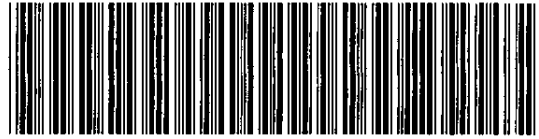
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/08--01023--005 **30.00 ..

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 23 AM 8:50

T. HAMPTON

JAN 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NuLife Solutions, 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:

Kristin M. Bonsack

(Name of Person)

8374 Market Street, #512

(Firm/Company)

(Address)

Lakewood Ranch, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Bookaker

(Name of Person)

at (

941, 346-9690

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JAN 23 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 16, 2008

KRISTIN M BONSAK
8374 MARKET ST
512
LAKEWOOD RANCH, FL 34202

SUBJECT: NULIFE SOLUTIONS, LLC
Ref. Number: L01000010312

We have received your document for NULIFE SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00060616

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 23 AM 8:50

1. The name of a limited liability company is
NuLife Solutons, LLC

2. The Articles of Organization were filed on 06/26/2001 and assigned document number
L01000010312

3. The date the dissolution was approved: 12/12/08

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

No income or assets since August 2007.

5. CHECK ONE:

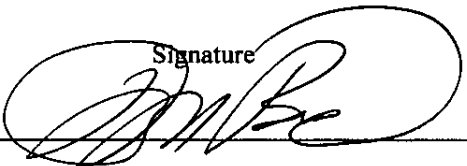
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☐ There are no suits pending against the company in any court.
-OR-
☒ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name

Kristin M. Bonsack

FILING FEE: \$25.00