## L020000 20416

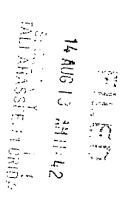
(Requestor's Name)				
(Address)				
(Audiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2000)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



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08/13/14--01004--001 \*\*25.00



## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  Natural Health Consulting LLC.			
2.	The Articles of Organization were filed on AUG 12, 2 00 Zand assigned			
	document number L 020000 20416			
3.	. The delayed effective date the dissolution if not effective on the date of filing:			
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).			
	Retirement - closing the 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:			
	A Para Caracteristics of the Caracteristics			
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:			
M	danie M. Robertson Melanie M. Robertson			

FILING FEE: \$25.00

## **COVER LETTER**

	ation Section n of Corporations			
SUBJECT:	Natural Health	Consulting LLC		
(Name of Limited Liability Company)				
The enclosed Ar	ticles of Dissolution and fee(s) are submitt	ted for filing.		
Please return all	correspondence concerning this matter to	the following:		
	Melanie	Robertson ne of Person)		
	Natara(	Health Consulting (UC		
	548 La	Kewood RD Address)		
	Sebrine	Let and Zip Code)		
For further infor	mation concerning this matter, please call:			
Jam	(Name of Person)	at ( <u>863</u> ) 382-4274 (Area Code & Daytime Telephone Number)		
	ck for the following amount: Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301