

**L040000/2239**

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

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

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

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

☐

PICK-UP

☐

WAIT

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MAIL

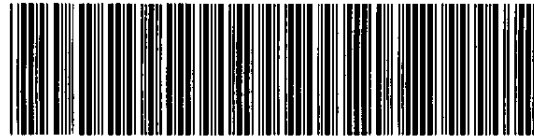
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

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**500148217275**

04/03/09--01011--007 \*\*25.00

**FILED**  
09 APR 16 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*W*  
**APR - 6 2009**

**J. BRYAN**  
APR 17 2009  
**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SKINUTRIENTS 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:

DEAN R GOODLESS

(Name of Person)

(Firm/Company)

PO BOX 470026

(Address)

CELEBRATION, FL 34747

(City/State and Zip Code)

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09 APR 16 AM 8:11  
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEAN R GOODLESS

(Name of Person)

at ( 407 ) 566-1616

(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

April 6, 2009

DEAN R GOODLESS  
PO BOX 470026  
CELEBRATION, FL 34747

SUBJECT: SKINUTRIENTS, LLC  
Ref. Number: L04000012239

FILED  
09 APR 16 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SKINUTRIENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return 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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 009A00011419

NOTED: 04/06/09 10:00 AM  
RECEIVED: 04/06/09 10:00 AM  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
**SKINUTRIENTS LLC**

2. The Articles of Organization were filed on 02/16/2004 and assigned document number  
L04000012239

3. The date the dissolution was approved: 03/20/2009

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):

**VOLUNTARY DISSOLUTION FOR BUSINESS REASONS.**

**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

DEAN R GOODLESS MD

SUSANNA T GOODLESS