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# **COVER LETTER**

ro:	Registration Section Division of Corporations			
SUBJE	CT: Xtreme Weight Loss LLC (Name of Limited Liability Company)			
	(Name of Limited Liability Company)			
The enc	losed Articles of Dissolution and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this matter to the following:			
	Susan Meister (Name of Person)			
(Name of Person)				
	(Firm/Company)			
	1410 South Ocean Dr., # 1501 (Address)			
	Hollywood FL 33019 (City/State and Zin Code)			
	(City/State and Zip Code)			
For furt	her information concerning this matter, please call:			
	Susan Meister at 305 491-4256 (Name of Person) (Area Code & Daytime Telephone Number)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed	is a check for the following amount:			
\$25.00	Solution Fee & Certificate of Status Solution Fee & Certified Copy (additional copy is enclosed)  Solution 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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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	been paid or discharged. s pursuant to s. 608.4421.
ng its members in acc	ordance with their respective
ny court	
•	rder or decree which may be
ship interests necessa	ry to approve the dissolution:
Printed Name	
Susan	Marctan
	MEISTER
ANABEU	\
ANABEL	
	ability company's dissoluter).  Tability company have obligations and liabilities ong its members in account.  Table on of any judgment, or or of any judgment, or