

LOS 000013503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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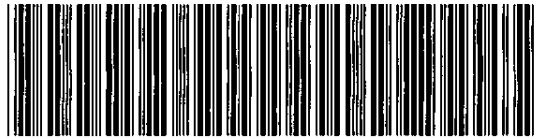
(Business Entity Name)

(Document Number)

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2008 NOV 21 P 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 24 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY HOMES FOR HEALTHY LIVING 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:

ROBERT P. BANKS, III
(Name of Person)

NONE
(Firm/Company)

4157 SW OAKHAVEN LANE
(Address)

PALM CITY, FLORIDA 34990
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT P. BANKS, III at (772) 287-6639
(Name of Person) (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

08 NOV 21 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 18, 2008

ROBERT P BANKS III
4157 SW OAKHAVEN LN
PALM CITY, FL 34990

SUBJECT: HEALTHY HOMES FOR HEALTHY LIVING, L.L.C.
Ref. Number: L05000013503

We have received your document for HEALTHY HOMES FOR HEALTHY LIVING, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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: 208A00057613

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

1. The name of a limited liability company is

HEALTHY HOMES FOR HEALTHY LIVING LLC

2. The Articles of Organization were filed on FEBRUARY 9, 2005 and assigned document number

LO500013503

3. The date the dissolution was approved: 12/12/2008

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).

UNABLE TO OBTAIN NECESSARY LICENSE

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

Robert P. Banks, III

Printed Name

Robert P. Banks, III

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 21 P 2:12

FILED

FILING FEE: \$25.00