# 105000061914

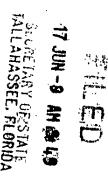
(Req	uestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SHRIECT:

### Life's Unlimited Zenith, 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:

Milton Aponte		
	(Name of Person)	
	(Firm/Company)	
10800 London S	treet	
	(Address)	
Cooper City, FL	33026	
(City/State and Zip Code)		

For further information concerning this matter, please call:

## Milton Aponte at (954) 608-8844 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & 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

Life's Unlimited Zenith, LLC	• • •	·,	
2. The Articles of Organization	on were filed on	and assigned	
document number L050000	61914		
Note: If the date inserted in	the dissolution if not effective on the da e date cannot be prior to or more than 90 days lat- this block does not meet the applicable statu ctive date on the Department of State's recor	tory filing requirements, this date will not be	
4. A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liability con (copy 605.0707 on back cover letter).	npany's dissolution pursuant to section	
Due to declining health family	issues, I need to dissolve my LLC Life's Un	nlimited Zenith and I will no longer	
able to dedicate any time to fu	orther developing this business venture.		
		17. JUN	
<ol><li>If there are no members, er activities and affairs:</li></ol>	iter the name and address of the person a Milton Aponte	appointed to wind up the primpant's	
activities and arians.	10800 London Street	FLORIG	
	Cooper City, FL 33026	A	
6. Signature of an authorized listed above to wind up the co	person or if there are no members, the simpany's activities and affairs:	ignature of the person appointed and	
Millo Signature	M;	Hon Apante	
FILING FEE: \$25.00			