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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

D. BRUCE

APR 1 0 2009

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: AMERICAN NUTRICEUTICALS WELLNESS CENTER (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:			
Sarah Keck			
Discouried Authorizon ticals to			
American Nutriceuticals, Inc (Firm/Company)			
1920 Northgate Blvd., Suite A-S ARE SEE T			
Savasota, FL 34834 FS F D			
For further information concerning this matter, please call:			
Savak Keck at (941) 351-9334 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Solution \$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



April 2, 2009

SARAH KECK, V.P. 1920 NORTHGATE BLVD, STE A-5 SARASOTA, FL 34234

SUBJECT: AMERICAN NUTRICEUTICALS WELLNESS CENTER, LLC

Ref. Number: L05000079177

We have received your document for AMERICAN NUTRICEUTICALS WELLNESS CENTER, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00011132



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is AMURICAN NUTRICEUTICALS	Wellnes Center
2. The Articles of Organization were filed on 8/10/	and assigned document number
3. The date the dissolution was approved: $\frac{2/38}{2}$	<u>, 09 </u>
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	liability company's dissolution pursuant to section letter).
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-OR-	ted liability company have been paid
6. All remaining property and assets have been distributed rights and interests.	Is, obligations and liabilities pursuant to s. 608.4421.
7. CHECK ONE:	
There are no suits pending against the company -OR- Adequate provision has been made for the satis entered against it in any pending suit.	y in any court. sfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature Signature	Printed Name Sarah Keck

FILING FEE: \$25.00