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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR _ 4 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: L&L Betterhealth, 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:		
Larry W. Lones		
(Name of Person)		
(Firm/Company)		
PO Box 1932		
(Address)		
Lake City, FL 32056		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Larry W. Lones _{at (} 386 ₎ 758-9941		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

 The name of a limited liability company is L&L Betterhealth, LLC 	
2. The Articles of Organization were filed on Augustian Lole Coop 5854 3. The date the dissolution was approved: 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of the coop for the	ited liability company's dissolution pursuant to section
OR-Adequate provision has been made for the 6. All remaining property and assets have been distributing rights and interests. 7. CHECK ONE: There are no suits pending against the component of the component o	limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. buted among its members in accordance with their respective apany in any court. satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage o	of membership interests necessary to approve the dissolution:
Signature Larry-W Lones	Printed Name Larry W. Lones

FILING FEE: \$25.00