L070000H5915

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instruction of Oliver Transfer Contact				
ENTHORIZATION BY PHONE TO EXPRECT #3 DATE 6/13/08				
are exam left				

Office Use Only



400130572334

06/09/08--01020--011 ++30.00

SECRETARY OF STATE
OTVISION OF CORPORATIONS

B. B. 2008

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	ANTI-AUM	9 AND PREVE	NTIVE MEDICIA
•	(Name of Lin	nited Liability Company)	0
			PLLC
The enclosed	Articles of Dissolution and fee(s) are sub-	mitted for filing.	
Please return	all correspondence concerning this matter	to the following:	
	Victor	L 0121A	
	5500	MILITARY T	RAIL #22-334
	(Firm/Company)	
	Jupi T.	EN FL 3:	12A1/ #22-334 3458
		(Addicss)	
	(City/	State and Zip Code)	
For further in	formation concerning this matter, please c	all:	
L	(Name of Person)	at (561) 7	79-4042
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a c	heck for the following amount:		
\$25.00 Filin	g 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:		RIER ADDRESS:
	Registration Section	Registration Sec	
	Division of Corporations P.O. Box 6327	Division of Corp	

* NOTE: THIS COMPANY'S DOCUMENT # 15 L 070000 45915

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	0 - 10-2
ANTI-AGING AND 1	PREVENTIVE MEDICINE PLC
/	3 3 - 2 007 and assigned document number
L 07000045915.	
3. The date the dissolution was approved: \(\begin{align*} \begin{align*} \text{\$\su} & \$	/1/08
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	d liability company's dissolution pursuant to section er letter).
	80 8 VIS
UNABLE to provide Sei	vices Due to
MEDICAL COMPITION	- 1 T
5. CHECK ONE:	nited liability company have been paid or discharged.
_/	
∃-OR-	
Adequate provision has been made for the de	bts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
<u> </u>	tisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	, Printed Name
	VICTOR LORIA