107000046263

(Requestor's Name)		
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(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	#)
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☐ PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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(Document Number)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB | 8 AM 7: 56

4 BRWM DEC 3-1 2007

J. BRYAN

FEB 1 8 2008

EXAMINER

COVER LETTER

Registration Section

TO:

Division of	Corporations		
SUBJECT: Living Nutrition LLC			
	(Name of L	imited Liability Company)	
The enclosed Article	s of Dissolution and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	Ja	ne Mellini	
		(Name of Person)	
Living Nutrtion LLC			
	(Firm/Company)		VISI VISI
	P.O. Box 5372		EB ON O
	(Address)		OBFEB 18 AM
	Niceville	e, FL 32578-5372	OBFEB 18 AM 7
		ry/State and Zip Code)	7: 56
			<u>ක</u>
For further informati	ion concerning this matter, please	call:	
	Jane Mellini	at (850) 279-6811	
	(Name of Person)	(Area Code & Daytime Telephone Numb	per)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Certificate of Certificate Copy (additional copy is enclosed)	Status &
	AILING ADDRESS:	STREET/COURIER ADDR	RESS:
	Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2007

JANE MELLINI LIVING NUTRITION, LLC P.O. BOX 5372 NICEVILLE, FL 32578-5372

SUBJECT: LIVING NUTRITION, LLC

Ref. Number: L07000046263

DIVISION OF CORPORATIONS
OBFEB 18 AM 7:56

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 407A00072045

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is Living Nutrition LLC	<u> </u>
2. The Articles of Organization were filed on Living Nutron Tax 1.D. 26-0153721	and assigned document number
#L070000 46263 3. The date the dissolution was approved: December 20	5, 2007
4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover lett Not earning enough money to support it.	ility company's dissolution pursuant to section er).
5. CHECK ONE:	
All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts, o	bligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed am rights and interests.	ong its members in accordance with their respective
7. CHECK ONE:	*
 ✓ There are no suits pending against the company in OR- Adequate provision has been made for the satisfact entered against it in any pending suit. 	any court. ion of any judgment, order or decree which may be
Signatures of the members having the same percentage of members	ership interests necessary to approve the dissolution:
Signature (Printed Name
Jan M. Shellin.	Jane M. Mellini