

L070000110129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2015

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Aug. 3, 2015

Your Nutrition Partners LLC
1701 Grinnell Terrace, Ste 101
Winter Park, FL 32789

Registration Section
Division of Corporations
POBox 6327
Tallahassee, FL 32314

RE: Dissolution of Your Nutrition Partners LLC
FEIN: 26-0540538

Enclosed are the two completed forms as downloaded from www.sunbiz.org in regards to the dissolution of the above named Florida Limited Liability Company.

In addition, also enclosed is a check for \$25.00 for the filing fee and Certificate of Dissolution.

If you need additional information or additional forms filled out please contact me immediately at the address above. The mobile number is 407-761-8143; the fax number is 407-677-8120; the email is: ghsmith911@gmail.com.

Thank you for your immediate attention in this matter.

Sincerely,



Gail Hill Smith
Managing Partner
407-761-8143

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR NUTRITION PARTNERS 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:

GAIL HILL SMITH
(Name of Person)

YOUR NUTRITION PARTNERS
(Firm/Company)

1701 GRINNEL TERRACE
(Address)

WINTER PARK, FL 32789
(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL HILL SMITH at (407) 761-8143
(Name of Person) (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**

1. The name of a limited liability company is

YOUR NUTRITION PARTNERS LLC

2. The Articles of Organization were filed on OCT. 30, 2007 and assigned

document number LO700040129

3. The delayed effective date the dissolution if not effective on the date of filing: AUG. 31, 2015
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

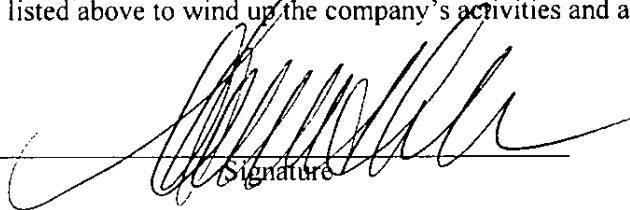
WITH THE RESIGNATION OF ORIGINAL CO-FOUNDING
MEMBER, COMBINED WITH A NATIONAL ECONOMIC RECESSION
THE COMPANY, YOUR NUTRITION PARTNERS LLC, WAS NOT HOLDING
A SUSTAINABLE INCOME SOURCE AND THUS, FORCED TO DISSOLVE.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: GAIL HILL SMITH

1701 GRIMMEL TER., STE 101

WINTER PARK, FL 32789

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

GAIL HILL SMITH
Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA