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		,
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·	-	

Office Use Only



200128517292

05/07/08-01025-010

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Good Health Nutritional Consultation + Bakery, (() (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:
Kenisha K Smith (Name of Person)
(Firm/Company)
4205 E Michigan St
Orlando, FC 32812 (City/State and Zip Code)
For further information concerning this matter, please call:
Kenisha IC Smith at 407 896-5809 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

J. .

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



08 MAY -7 AM 11: 04

1. The name of a limited liability company is Cood Health Nutritional	SECRETARY OF STATE CONSULTATION + CALLAHASSEL CLORID		
2. The Articles of Organization were filed on Nou 5	and assigned document number		
3. The date the dissolution was approved: May	1, 2008		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).			
Never began conducting bus	ine S.S		
5. CHECK ONE:			
All debts, obligations and liabilities of the lin	nited liability company have been paid or discharged.		
_ · ·	bts, obligations and liabilities pursuant to s. 608.4421.		
 All remaining property and assets have been distribut rights and interests. 	ed among its members in accordance with their respective		
7. CHECK ONE:			
There are no suits pending against the compa			
Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be		
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:		
Signature	Printed Name		
Kendolon	Kenisha K Smith		
	•		
•			
			

FILING FEE: \$25.00