

207000114370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

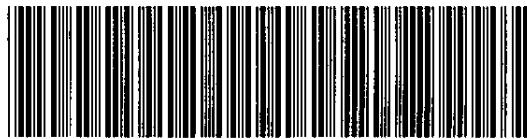
Special Instructions to Filing Officer:

**A. LUNT**

**JAN 13 2010**

**EXAMINER**

Office Use Only



500163996075

01/12/10--01021--010 \*\*25.00

**FILED**  
2010 JAN 12 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZEST WELLNESS LLC  
(Name of Limited Liability Company)

2010 JAN 12 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY EMERSON  
(Name of Person)

ZEST WELLNESS LLC  
(Firm/Company)

180 BEACH DRIVE NE UNIT 1002  
(Address)

ST. PETERSBURG FLORIDA 33701  
(City/State and Zip Code)

For further information concerning this matter, please call:

TONY EMERSON at ( 813 ) 420-6537  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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:**  
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**

**FILED**  
2010 JAN 12 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ZEST WELLNESS LLC

2. The Articles of Organization were filed on 01/06/2010 and assigned document number

LO7000114370

3. The date the dissolution was approved: 01/06/2010

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).

NONE RENEWAL OF E-2 VISA

**5. CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

☒ There are no suits pending against the company in any court.


-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

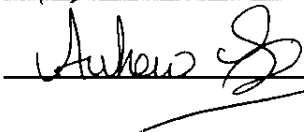
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



TONY EMERSON



ANDREW SHELDON