

LO8000023415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

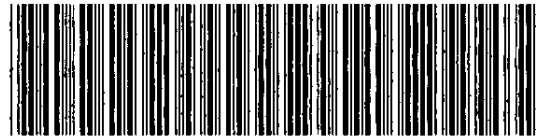
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789 2319 671

Office Use Only

LO8-23415



600131477846

06/20/08--01012--007 \*\*25.00

08 JUL 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

M. THOMAS  
JUL 29 2008  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURE LIFE HEALTH 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:

ELENA KOTOMINA

(Name of Person)

COMPUTAX SERVICE INC

(Firm/Company)

50 LEANNI WAY UNIT E6

(Address)

PALM COAST FL 32164

(City/State and Zip Code)

FILED  
08 JUL 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ELENA KOTOMINA

(Name of Person)

at ( 386 ) 446-2922

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2008

ELENA KOTOMINA  
50 LEANNI WAY UNIT E6  
PALM COAST, FL 32164

SUBJECT: PURE LIFE HEALTH LLC  
Ref. Number: L08000023415

We have received your document for PURE LIFE HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 308A00037822

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 28 PM 2:03

FILED

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

PURE LIFE HEALTH LLC

2. The Articles of Organization were filed on 03/04/2008 and assigned document number L08000023415

3. The date the dissolution was approved: 06.30.2008

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).

out of business

**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.

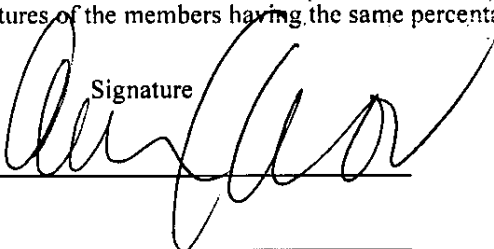
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**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

ALEXANDER ORLOV

08 JUL 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED