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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEGA WELLNESS, 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:	
MILDRED NUNEZ (Name of Person)	
MEGA WELLNESS, LLC, (Firm/Company)	
9398 POCKET LN (Address)	
ORUANDO, FL 32836. (City/State and Zip Code)	
For further information concerning this matter, please call:	FILED
MUDLED NUNE2 at 407 616-368 (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: \$\sqrt{\$\$\$\$\$\$}\$	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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 MEGA WELLDESS LI	
2. The Articles of Organization were filed on 4/14 LOBOOO037112	2008 and assigned document number
3. The date the dissolution was approved: 4 30	2010
4. A description of occurrence that resulted in the limited lial 608.441, Florida Statutes, (copy 608.441 on back cover le	bility company's dissolution pursuant to section tter).
Company went at	of bussiness
5. CHECK ONE:	
All debts, obligations and liabilities of the limited OR-Adequate provision has been made for the debts,	
All remaining property and assets have been distributed ar rights and interests.	mong its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company in	any court.
OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.	ction of any judgment, order or decree which may be
ignatures of the members having the same percentage of members	pership interests necessary to approve the dissolution:
Signature	Printed Name
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Mylung	MILDRED NONE A
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	OF STATE