(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:						

Office Use Only



700295007697

02/13/17--01038--001 **25.00

HARRIS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Naturally Governet Product S. 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:						
Phillip Cannoua (Name of Person)						
Naturally Governet products LLC (Firm/Company)						
10901 Brighton Day DLUD NOTTH APT. 810 L1 (Address)						
ST, Petersburg, FL 33716 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Phil Canada at (727) 235-1960 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee and Certificate of Dissolution \$\sim \\$55.00 \text{ 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					
	Naturally	Governet	products	24 C	'	
2.	The Articles of Organization we	ere filed on/-2.5	~-2017 an	.F & ルコ id assigned ユレー	281-302 O	
	document number	0005900°1				
3.	The delayed effective date the deffective date Note: If the date inserted in this belisted as the document's effective	cannot be prior to or more the lock does not meet the app	an 90 days later than date docus dicable statutory filing requi			
4.	A description of occurrence that 605.0707, Florida Statutes, (cop	y 605.0707 on back cove	liability company's dissoler letter). グラー デール・レンフ	-	tion_	
				-	• form	
				C		
				<u> </u>		
					5 5 S S S S S S S S S S S S S S S S S S	
5.	If there are no members, enter the activities and affairs:	ne name and address of	the person appointed to w	ind up the company		
	activities and affairs:	Phillip Can	nova		ภ 🔅 	
		16901 131	Ighton bay.	6200 2 NO1	・/ム -	
		Apī. 8	104.		_	
	_		- · · · · · · · · · · · · · · · · · · ·		_	
6. lis	Signature of an authorized personant sted above to wind up the comparated	on or if there are no men ny's activities and affairs	nbers, the signature of the s:	person appointed an	nd	
				^	_	
	- Chil-		Phillip	Canni C)UC .	
	Signature		Printed Na	me		

FILING FEE: \$25.00