L0900005793

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	(Reque	stor's Nam	e)	
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Special instructions to Filing Officer:

L. SELLERS

EXAMINER

Office Use Only



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04/12/10--01046--018 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORID.

COVER LETTER

Division of Corporations					
SUBJECT: BOWNEN Organics, 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:					
Melanie Peterson) (Name of Person)					
(Firm/Company)					
PO Box 480653 (Address)					
Delvay Bch 5 33448 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Melanic PeterSon at (56) 644-1867 (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, Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

f'.

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



April 14, 2010

MELANIE PETERSON P.O. BOX 480653 DELRAY BEACH, FL 33448

SUBJECT: BOWMAN ORGANICS, LLC

Ref. Number: L09000005793

We have received your document for BOWMAN ORGANICS, 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):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 810A00009243

10 APR 30 PH I2: 52
SECRETARY OF STATE

ARTICLES OF DISSOLUTION FÖR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
- Bowman Organ	io, UC.
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	
)) -
5. CHECK ONE:	
- OR-	ited liability company have been paid or discharged. ots, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distribute rights and interests.	d among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compar-OR-Adequate provision has been made for the satientered against it in any pending suit.	ny in any court. isfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name
Joseph Banon	Jinstran Borman
900	Mekunia Poterson
	SECRETALLARI
	R 30 HASS
	TO R

FILING FEE: \$25.00