## 409000039647

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

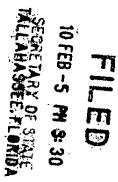
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T. HAMPTON

EXAMINER

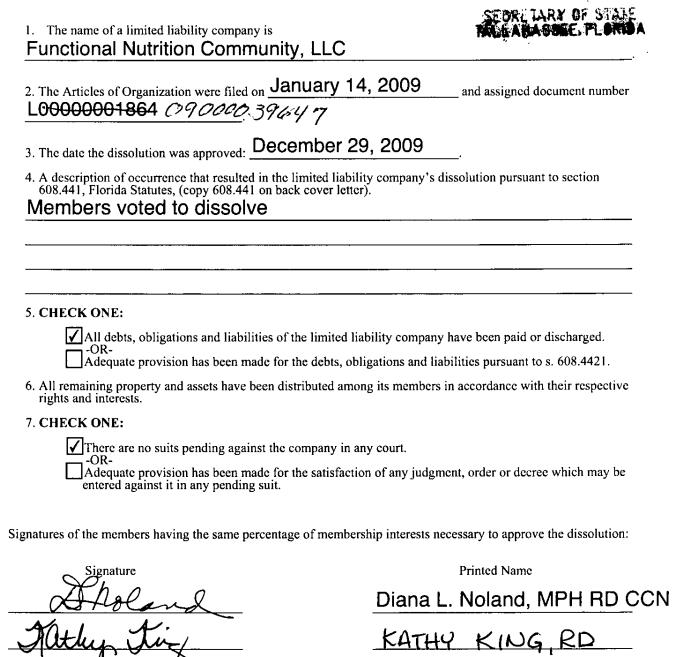
## COVER LETTER --

	tration Section ion of Corporations	
SUBJECT: Functional Nutrition Community, LLC		
		imited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return a	ll correspondence concerning this matt	er to the following:
	Ruth DeBusk, PhD F	RD
		(Name of Person)
		(Firm/Company)
	3583 Doris Drive	(Address)
Tallahassee, FL 32303		
(City/State and Zip Code)		
For further info	ormation concerning this matter, please	call:
_		
nu	th DeBusk, PhD RD (Name of Person)	at ( 850 ) 562-7012 (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:	
\$25.00 Filing		\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 10 FEB -5 PM & 30



FILING FEE: \$25.00