## 109000075892

(Req	uestor's Name)			
(Address)				
(Address)				
(City/	/State/Zip/Phone #)			
PICK-UP	WAIT M	AIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status_	<del></del>		
Special Instructions to Filing Officer:				

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300170413903 02/26/10--01034--006 \*\*25.00

FILED

10 FEB 26 AM II: 09

SECRETARY OF STATE
SECRETARY OF STATE

S. HAWKES

MAR \_ 1 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	HEALTHY 196 (Name of Lin	ING LLC.		
	(Name of Lin	mited Liability Company)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all	correspondence concerning this matter	to the following:		
	KARIN + JOH	IN ODOM	<del></del>	
	(1	value of a croon)		
		Firm/Company)	<del></del>	
	15732 PHOD	BE PIPRK PIVE (Address)	<del></del>	
		(		
	LIYHIA FL	. 33547 (State and Zip Code)	<del>_</del>	
	(			
For further infor	mation concerning this matter, please o	calt:		
k	ARIN ODOM	at (813) 417 39	59	
	(Name of Person)	(Area Code & Daytime Telephone Nu	imber)	
Enclosed is a chec	k for the following amount:			
<b>\$</b> 25.00 Filing Fo	ee 30.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, of Status & copy copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIER ADI	DRESS:	
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	A SO F
HEALTHY AGING LLC	* S
2. The Articles of Organization were filed on 8-6	-09 and assigned document number
3. The date the dissolution was approved: $2-23$	-10
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section er letter).
11 A	
5. CHECK ONE:	
-OR-	nited liability company have been paid or discharged.
<del>_</del> , ,	ebts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distribut rights and interests.</li></ol>	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	iny in any court.
Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of r	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Karin Odom	KARIN ODOM
nohillo	John Odom

FILING FEE: \$25.00