

LI 00000039224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

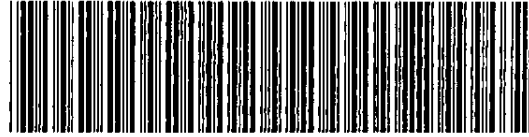
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200202938312

04/25/11--01064--005 **25.00

FILED
11 MAY -3 PM 2:50
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY - 6 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BETTER LIFE NUTRITION 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:

TERESA BISSETT

(Name of Person)

BETTER LIFE NUTRITION LLC

(Firm/Company)

979 DELMAR DR

(Address)

THE VILLAGES, FL 32159

(City/State and Zip Code)

FILED
11 MAY -3 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TERESA BISSETT

(Name of Person)

at (352) 430-0064

(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,
Certificate of Status &
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
BETTER LIFE NUTRITION LLC

2. The Articles of Organization were filed on 4/12/2010 and assigned document number
L10000039224

3. The date the dissolution was approved: 12/31/2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

MERGED WITH BETTER LIFE CHIROPRACTIC & WELLNESS PLLC

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

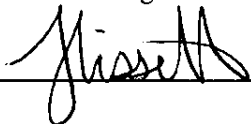
7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



TERESA BISSETT

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2011

TERESA BISSETT
BETTER LIFE NUTRITION, LLC
979 DELMAR DRIVE
THE VILLAGES, FL 32159

SUBJECT: BETTER LIFE NUTRITION LLC
Ref. Number: L10000039224

We have received your document for BETTER LIFE NUTRITION 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):

The document must contain the effective date of the limited liability company's dissolution.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 011A00010064