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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: REVIVE HEALTH MATURALLY, LCC (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:
Brandi Reddide
Revive Health Naturally UC
8090 Summer Cove Ct
Jacksonulle, EC 32256 (City/State and Zip Code)
For further information concerning this matter, please call:
Brandi Redde Classer at (904) 379 Ce 049 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee

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	(th Waterally LCC.
2. The Articles of Organization were filed on Uly	6,2010 (ebeche Sulf 4,7010) and assigned document number
3. The date the dissolution was approved:	ch B, 2011
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	I liability company's dissolution pursuant to section
Mutual Consent To	dissona LLC
5. CHECK ONE:	
OR-	nited liability company have been paid or discharged.
` <i>77</i> ~``	bts, obligations and liabilities pursuant to s. 608.4421. ed among its members in accordance with their respective
rights and interests.	a minery is memoris in accordance with shell respective
7. CHECK ONE:	
There are no suits pending against the compa OR- Adequate provision has been made for the sate entered 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 n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Chricelle Justiss	Grace M. Justiss
grand. Jeddule	Band loddide
	AS =
	ARETA AHAA
	SE NO TO SEE NO
FILING 1	FEE: \$25.00