

L11000031663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

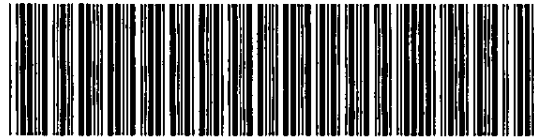
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/30/14--01011--001 **25.00

FILED

2014 JAN 30 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

FEB 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A HEALTHY CHOICE WORKS, 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:

BEVERLY REED

(Name of Person)

(Firm/Company)

2230 SE BAYA DRIVE SUITE 101

(Address)

LAKE CITY, FLORIDA 32025

(City/State and Zip Code)

For further information concerning this matter, please call:

BEVERLY REED

(Name of Person)

at (386) 752-4072

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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
2014 JAN 30 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
A HEALTHY CHOICE WORKS, LLC
2. The Articles of Organization were filed on 3/15/2011 and assigned
document number L11000031663
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Closed business
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
BEVERLY REED
2230 SE BAYA DRIVE STE 101
LAKE CITY, FLORIDA 32025
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed
above to wind up the company's activities and affairs:

Signature	Printed Name
<u>Beverly Reed</u>	<u>BEVERLY REED</u>

FILING FEE: \$25.00