#112000018379

(Danuartada Nama)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/2/p/Priorie #)						
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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SECRETARY OF STATE

K. SALY EXAMINER NOV 2 8 2012



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 14, 2012

CHRISTI SMOAK RE: LOVE YOUR NUTRITION AND HEALTH LLC 5575 LONE PINE TRAIL MELROSE, FL 32666

SUBJECT: LOVE YOUR NUTRITION AND HEALTH LLC

Ref. Number: L12000018379

We have received your document for LOVE YOUR NUTRITION AND HEALTH LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 012A00027487

Karen A Salv Regulatory Specialist II

www.sunbiz.org

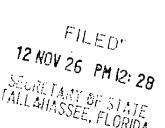
COVER LETTER

TO:

	ation Section 1 of Corporations					
SUBJECT: LO	ove Your Nutrition and I	Health LLC	;			
	(Name of L	imited Liability C	ompany)			
The enclosed Art	ticles of Dissolution and fee(s) are sub	omitted for filing.	•			
Please return all	correspondence concerning this matte	er to the following	; :			
	Christi Smoak					
,		(Name of Person)	•			
Love Your Nutrition and Health LLC						
	(Firm/Company)					
	5575 Lone Pine Trail					
		(Address)				
	Melrose, FL 32666					
	(City	/State and Zip Coo	le)			
For further inform	mation concerning this matter, please	call:				
Christi Smoak		at (_3	52	303-9	9709	
	(Name of Person)	(,	Area Code	& Daytime	Telephone Number)	
Enclosed is a check	k for the following amount:					
\$25.00 Filing Fe	30.00 Filing Fee & Certificate of Status	\$55.00 Fili Certified (additiona		enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAILING ADDRESS: Registration Section Division of Corporations		Registra Division	ation Sec n of Corp	orations	
	P.O. Box 6327 Tallahassee, FL 32314			Building xecutive	Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is	ALLAHASSEE, FLORIL
Love Your Nutrition and Health LLC	
2. The Articles of Organization were filed on Febru L12000018379	uary 7, 2012 and assigned document number
3. The date the dissolution was approved: November 2.	per 5, 2012
	ted liability company's dissolution pursuant to section over letter).
Decided to dissolve business becan	ase of lack of basilless.
5. CHECK ONE:	
All debts, obligations and liabilities of the	limited liability company have been paid or discharged.
	debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distrib rights and interests.	uted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com	pany in any court.
Adequate provision has been made for the entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage o	f membership interests necessary to approve the dissolution:
Signature	Printed Name
Christi'smoak	Christi Smoak
	•
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