

L12000021306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

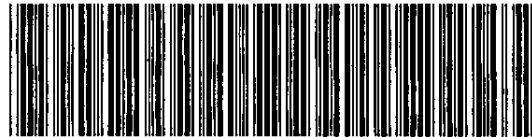
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 APR 16 PM 3:43

M. MILLIGAN

APR 19 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RELIVNG1 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:

LARRY L. DEUTSCHMAN, PH.D

\_\_\_\_\_  
(Name of Person)

RELIVNG1 LLC

\_\_\_\_\_  
(Firm/Company)

5901 ALEXANDRIA CIR.

\_\_\_\_\_  
(Address)

FORT PIERCE, FLORIDA 34982

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY L. DEUTSCHMAN

772

201.0817

at (\_\_\_\_\_) \_\_\_\_\_

(Name of Person)

(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 APR 16 PM 3:43

1. The name of a limited liability company is  
RELIVNGI LLC

2. The Articles of Organization were filed on FEBRUARY 13, 2012 and assigned  
document number L12000021306

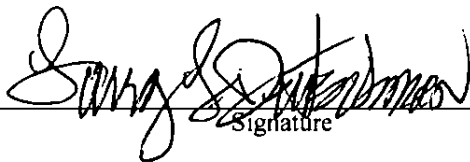
3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 2, 2018  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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).  
LIMITED INCOME DOES NOT REQUIRE A LLC; I CAN OPERATE MORE EFFECTIVELY AS A SOLE-  
PROPRIETOR

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: LARRY L. DEUTSCHMAN, PH.D

5901 Alexandria Cir.  
Ft. Pierce, FL 34982

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

LARRY L. DEUTSCHMAN, PH.D.

Printed Name

FILING FEE: \$25.00