

L120001544A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

2014 MAY -6 AM 11:34

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MAY 13 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURAL HEALTHY VENDING 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:

Brett Cutler
(Name of Person)

NATURAL HEALTHY VENDING
(Firm/Company)

1240 N. BURBANDY TRAIL
(Address)

ST. JOHNS FL 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

Brett Cutler at (904) 502-2042
(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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NATURAL HEALTHY VENDING, LLC

2. The Articles of Organization were filed on 12/10/12 and assigned

document number L12000154469

3. The delayed effective date the dissolution if not effective on the date of filing: 4/30/14
(effective date cannot be prior to or more than 90 days later than date document is received for 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).

BUSINESS WAS SOLD, NAME CHANGED

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

BRETT CUTLER
1240 N. BURGANDY TRAIL
ST. JOHNS FL 32259

6. Signature of an authorized person or if there are no members, the signature of the person appointed listed above to wind up the company's activities and affairs:

Brett Cutler
Signature

Brett Cutler
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA