

L13000092822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/31/15--01031--007 \*\*55.00

FILED

2015 JUL 31 P 12:00

AUG 03 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA NUTRI, 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:

DAMIAN SHOTKOSKI

(Name of Person)

SHOTKOSKI & ASSOCIATES PC

(Firm/Company)

PO BOX 30533

(Address)

LINCOLN, NE 68503-0533

(City/State and Zip Code)

For further information concerning this matter, please call:

DAMIAN SHOTKOSKI

(Name of Person)

at ( 402 ) 476-9650

(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**

1. The name of a limited liability company is

FLORIDA NUTRI, LLC

2. The Articles of Organization were filed on JUNE 27, 2013 and assigned

document number L13000092822

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).

OWNER IS CONSOLIDATING ALL HIS ENTITIES INTO 1 CORPORATION. THIS "PARENT" ENTITY

IS A CORPORATION BASED OUT OF NEBRASKA AND INCORPORATED IN NEBRASKA.

OWNER IS DISSOLVING THIS ENTITY BUT WILL STILL HAVE RETAIL LOCATION IN FLORIDA

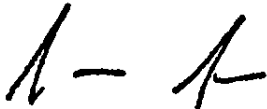
THAT WILL FILE UNDER THE FOREIGN CORPORATION OF EK NUTRI INC.

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

6301 S. 58TH

LINCOLN, NE 68516

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

ERIC J KNOBBE

Printed Name

**FILING FEE: \$25.00**

**FILED**  
2015 JUL 31 P 12:55  
DEPT. OF STATE  
TALLAHASSEE, FL

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FLORIDA NUTRI, LLC

Document number of Limited Liability Company is: L13000092822

Date of dissolution was: JULY 1 2015

Description of information that must be included in a written claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ERIC KNOBBE

10 THOUSAND PERCENT CO.

6301 S 58TH

LINCOLN, NE 68516

2015 JUL 31 P 12:11  
FILED  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ERIC J KNOBBE

Printed Name of the Person Filing

A - A

Signature of the Person Filing