

L13000117476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

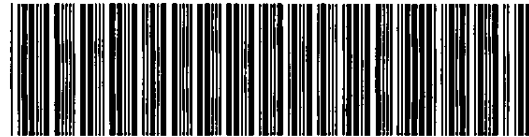
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600260099976

05/16/14--01013--004 **35.00

06/20/14--01002--001 **25.00

B. BOSTICK

JUN 24 2014

RECORDED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy Life Solutions 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:

James Spese
(Name of Person)

Healthy Life Solutions
(Firm/Company)

401 E Las Olas Blvd
(Address)

ste 130-650 Fort Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

James Spese at (954) 330-9951
(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**

1. The name of a limited liability company is

Healthy Life Solutions LLC.

2. The Articles of Organization were filed on _____ and assigned

document number

~~L1300015476~~
L1300017476

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)

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).

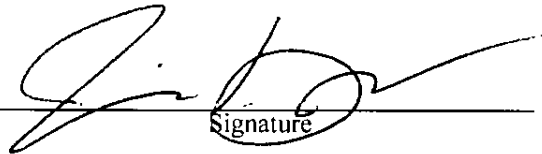
Limited business opportunities

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

403 se 15th st

Fort Lauderdale, FL 33316

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

James Spore
Printed Name

FILING FEE: \$25.00

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: Healthy Life Solutions

Document number of Limited Liability Company is: L1300017476

Date of dissolution was: 5/13/14

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

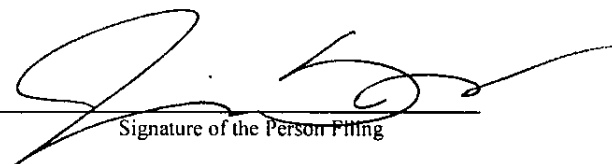
Limited business opportunities

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

James Spase
403 se 13th st
Fort Lauderdale, FL 33316

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.

James Spase
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2014

JAMES SPOSA
403 SE 13TH STREET
FT. LAUDERDALE, FL 33316

SUBJECT: HEALTHY LIFE SOLUTIONS LLC
Ref. Number: L13000117476

We have received your document for HEALTHY LIFE SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00011888