

**L15000059799**

\_\_\_\_\_  
(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



**100311751431**

04/11/18--01023--001 \*\*25.00

**FILED**  
**2018 APR 11 PM 1:41**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**J. LEGGETT**  
**APR 12 2018**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HYDROPET LABS 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:

Ronn HECHTER  
(Name of Person)

(Firm/Company)

27560 River Reach Dr.  
(Address)

Bonita Springs, FL 34134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronn HECHTER  
(Name of Person)

at ( 651 ) 775-3447  
(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

HYPROPET LABS LLC

2. The Articles of Organization were filed on 3/17/15 and assigned

document number L1500059799

3. The delayed effective date the dissolution if not effective on the date of filing: 4/1/18  
(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).

Due To Not Timely Receiving full formulas that were  
requested Numerous times from MAKERS Nutrition LLC  
Along with Being ABLE to Submit Product for Public within  
1 year of Patent Submission our Patent was Denied AND  
Distributors would Therefore NOT PICK UP Product Line.

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

RONN HECHTER

27560 River Reach Dr.

Bonita Springs, FL 34134

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

Ronn HECHTER  
Printed Name

2018 APR 11 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FILING FEE: \$25.00**