

**L15000121293**

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

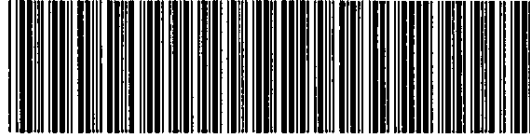
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(Document Number)

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**FILED**

**2016 SEP -9 PM 12:34**

**SECRETARY OF STATE  
TALLAHASSEE, FL 09102**

**K. SALLY  
EXAMINER  
SEP 13**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2016

MORRIS E. GUTHRIE, III  
RE: OVER-ALL WILDLIFE NUTRITION, LLC  
15011 N SAXON CIR.  
SOUTHWEST RANCHES, FL 33331

SUBJECT: OVER-ALL WILDLIFE NUTRITION, LLC  
Ref. Number: L15000121293

We have received your document for OVER-ALL WILDLIFE NUTRITION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 616A00018219

*We are no longer filing the  
Notice of limited liability company dissolution  
Just filing the articles of dissolution.*

[www.sunbiz.org](http://www.sunbiz.org)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OVER-ALL WILDLIFE NUTRITION, 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:

MORRIS E. GUTHRIE, III

(Name of Person)

OVER-ALL WILDLIFE NUTRITION, LLC

(Firm/Company)

15011 N SAXON CIRCLE

(Address)

SUNSHINE RANCHES, FLORIDA 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

MORRIS E. GUTHRIE, III at 954 347-2312

(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**  
2016 SEP -9 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
OVER-ALL WILDLIFE NUTRITION, LLC

2. The Articles of Organization were filed on JULY 20, 2015 and assigned

document number L15000121293

3. The delayed effective date the dissolution if not effective on the date of filing: SEPTEMBER 9, 2016  
(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).

MEMBERS' RESOLUTION AUTHORIZING DISSOLUTION

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

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

MORRIS E. GUTHRIE, III

\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**