

L16000170120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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18 FEB -8 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SAI Y  
FEB 9 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: How To Feed Your Life  
(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:

Pamela Brachmann

(Name of Person)

How to feed your life

(Firm/Company)

694 Green Valley Rd., D3

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Brachmann

(Name of Person)

at ( 727 ) 734-7627

(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**  
**18 FEB -8 PM 1:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. The name of a limited liability company is  
How To Feed Your Life

2. The Articles of Organization were filed on 09-12-2016 and assigned  
document number L16000170120

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).

I am retired and no longer plan to do any business under this company LLC.

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

694 Green Valley Rd., D3

Palm Harbor, FL 34683

727-734-7627

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

Pamela Brachmann

Printed Name

**FILING FEE: \$25.00**