

L17 000156067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

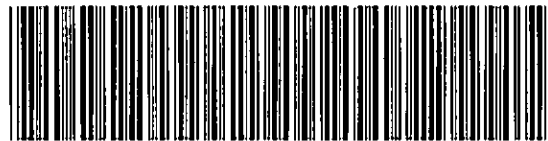
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/11/22 -01017--015 **55.00

FILED

2022 FEB 11 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FL

Acc/CCIS
At DIS
w/notice

FEB 22 2022

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIRTHRIGHT 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:

Hope DeLong
HOPE DELONG, AS MEMBER & MANAGER
1500 S.W. 30th Ave. Suite 4
(Address)
Boynton Beach, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

GRANT H. GIBSON, ESQ. at:

864-630-7471

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2022 FEB 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is

BIRTHRIGHT NUTRITION, LLC.

2. The Articles of Organization were filed on July 20, 2017 and assigned

document number - ~~UNKNOWN~~ L17000156067

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

Birthright Nutrition, LLC encountered a severe downturn in sales and resulting loss of cash-flow necessary to continue operations, in large measure due to the COVID Epidemic., and was no longer viable as an ongoing entity.

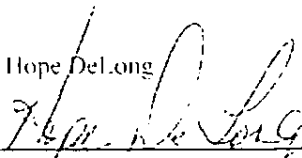
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Hope DeLong - Member and Manager Designated As Party with the

authority and responsibility to wind up the company's activities and affairs consistent to Florida Statute.

1500 S.W. 30th Ave Ste 4
Baynton Beach, FL 33426

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:

Hope DeLong


Signature

Hope DeLong
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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.

Name of Limited Liability Company: BIRTHRIGHT NUTRITION, LLC

Document number of Limited Liability Company is: _____

Date of dissolution was: UPON FILING OF ARTICLES OF DISSOLUTION, 2/6/2020

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

ANY ENTITY OR PERSON WISHING TO FILE A CLAIM MUST DO SO IN WRITING WITH A CLEAR DESCRIPTION OF THE BASIS FOR SUCH CLAIM, INCLUDING A COPY OF ANY PRIOR INVOICE, AND THE AMOUNT CLAIMED AS UNPAID. IF THE PRIOR INVOICE IS UNAVAILABLE THEN A DESCRIPTION OF THE SERVICE AND/OR PRODUCT PROVIDED GIVING RISE TO THE CLAIM AND THE DATE, ALONG WITH ANY DOCUMENTATION SUBSTANTIATING THE CLAIM MUST BE PROVIDED.

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

Hope DeLong
1500 S.W. 30th Ave
Suite 4
Bayton Beach, FL 33421

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.

Hope DeLong
Printed Name of the Person Filing

Hope DeLong
Signature of the Person Filing

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