

L180000209994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

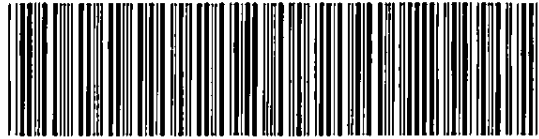
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600420932726

LLC dissolution
with notice

01/05/24--01022--012 **25.00

FILED
2024 JAN -5 PM 12 23
CLERK OF COURT
JAN 5 2024

A. RAMSEY

FEB 2 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST BIO 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:

LENA GOLDMAN

(Name of Person)

BEST BIO NUTRITION LLC

(Firm/Company)

19370 COLLINS AVE APT 619

(Address)

SUNNY ISLES BEACH FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

LENA GOLDMAN

(Name of Person)

305

3003708

at

(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 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

2024 JAN -5 PM 12 23

FILED
JAN 5 2024
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
BEST BIO NUTRITION LLC

2. The Articles of Organization were filed on 09/04/2018 and assigned
document number L1800020994

3. The delayed effective date the dissolution if not effective on the date of filing: 09/04/2018
(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).
THE COMPANY NEVER STARTED ITS ACTIVITIES DUE TO HIGH COST

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

19370 COLLINS AVE #619

SUNNY ISLES BEACH 33160 FL

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

LENA GOLDMAN

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: BEST BIO NUTRITION LLC

Document number of Limited Liability Company is: 118000209904

Date of dissolution was: 12/20/2023

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

PLEASE DISSOLUTION BEST BIO NUTRITION LLC

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

19370 COLLINS AVE #619

SUNNY ISLES BEACH

33160 FL

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.

LENA GOLDMAN

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