

L21000266403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

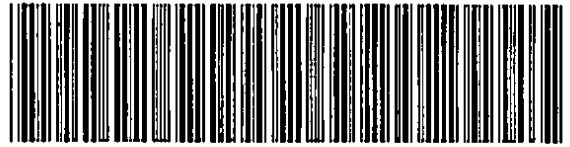
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2021 NOV -5 PM 4:19

SECRETARY OF STATE

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Be Positive Nutrition LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Belix Parks

\_\_\_\_\_  
Name of Person

Be Positive Nutrition LLC

\_\_\_\_\_  
Firm/Company

10104 Mangrove Well Rd.

\_\_\_\_\_  
Address

Sun City Center FL 33573

\_\_\_\_\_  
City/State and Zip Code

bparksconsultingllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belix Parks

813 952-6313

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Be Positive Nutrition LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Belix Parks

\_\_\_\_\_  
Contact Person

Be Positive Nutrition LLC

\_\_\_\_\_  
Firm/Company

② 502 N Armenia Ave Suite 1D

\_\_\_\_\_  
Address

Tampa, FL

\_\_\_\_\_  
City, State and Zip Code

bepositivenutritionllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belix Parks

\_\_\_\_\_  
Name of Contact Person

at ( 813 ) 952-6313

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
**2021 NOV -5 PM 4:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Be Positive Nutrition LLC
2. The document number of the company is 1.21000266403
3. The effective date the Dissolution was filed is 10/27/2021
4. The revocation of dissolution was authorized on 10/28/2021
5. A copy of the Articles of Dissolution is attached.



\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:  
BE POSITIVE NUTRITION LLC

The document number of the limited liability company: L21000266403

The file date of the articles of organization: June 8, 2021

The effective date of the dissolution if not effective on the date of filing: October 27, 2021

A description of occurrence that resulted in the limited liability company's dissolution:  
CLOSING MY PORTION OF THE BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:  
MARELIN PAGAN  
18209 HOLLAND HOUSE LOOP LAND O LAKES  
LAND O LAKES, FL 34638 UN

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MARELIN PAGAN

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Electronic Signature of authorized person