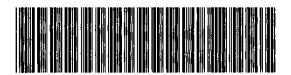
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(Requ	uestor's Name)			
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COVER LETTER

Division of Corporations
SUBJECT: DISSOlution of Corporation
DOCUMENT NUMBER: \$0900095929
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sonia Machado
(Name of Contact Person) Live Lite New Figure and Heath Center (Firm/Company) Of Center Ca
31105W129Ave
Mane F133175
(City/State and Zip Code)
For further information concerning this matter, please call:
Sonia Machado at (786) 247 1216 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, \$\text{Certified Copy} & \text{Certified of Status & Certified Copy} & \text{Certified Copy} & Certifie
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently file	•				
Live Lite New Figure	and Health Cer	ter	p	ane	_
SECOND: The document number of the corporation (if	known): <u>P0910000</u>	169	20	} -	-
THIRD: The file date of the articles of incorporation:	11/24/09				
FOURTH: (CHECK AT LEAST ONE BOX)					
None of the corporation's shares ha	ive been issued.				
The corporation has not commence	ed business.				
FIFTH: No debt of the corporation remains unpaid.					
SIXTH: The net assets of the corporation remaining af to the shareholders, if shares were issued.	ter winding up have been distr	ibuted	- तसी -		
SEVENTH: Adoption of Dissolution (CHECK ONE))		AON 6	· · · · · · · · · · · · · · · · · · ·	
A majority of the incorporators au	thorized the dissolution.		ģ	: <u>117</u> 24	
A majority of the directors authori	zed the dissolution.	**************************************	AM IO:		
			55	4.22	
Signature: Soule Openion of the officer - if directors of the offi	dolb	noornorat	or - if		
in the hands of a receiver, trustee, or other court appoin		псогроган	JI - II		
Sonia Me	ichiado				
(Typed or printed name o	f person signing)				
Preseden	t				
(Title of Person S	Signing)				

Filing Fee: \$35