

STATE OF ALABAMA

DOMESTIC LIMITED PARTNERSHIP (LP)  
STATEMENT OF TERMINATION



20161026000393980 1/3 \$159.00  
Shelby Cnty Judge of Probate, AL  
10/26/2016 12:51:33 PM FILED/CERT

PURPOSE: In accordance with Section 10A-9-2.03 of the Code of Alabama 1975 a dissolved Limited Partnership that has completed winding up may deliver for filing in accordance with Section 10A-9-2.06 a Statement of Termination.

INSTRUCTIONS: Submit two (2) signed originals of this completed Termination along with the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's original Certificate of Limited Partnership was filed. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fees and the Judge of Probate's Office will transmit the fees along with a certified copy of the Termination to the Office of the Secretary of State within 10 days after the Termination is issued. The Secretary of State filing fee is \$100.00.

(For SOS Office Use Only)

**This form must be typed or laser printed.**

1. The registered full legal name of the Limited Partnership from the filed Certificate of Limited Partnership:

Blemish Free Assets, LP

2. Date the Certificate of Limited Partnership was filed in the county (mm/dd/yyyy): 11/ 10 / 2015

County in which Certificate of Limited Partnership was filed: Shelby

3. Alabama Entity ID Number (Format: 000-000): 348 - 810

**INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** You may obtain the number on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

4. A Statement of Termination must be signed by all general partners or by the person appointed pursuant to Section 10A-9-8.03(c) or (d) to wind up the dissolved Limited Partnership's activities. Signing requirements are in accordance with 10A-9-2.04(a)7. Person Appointed signs below or attach second sheet with all General Partners signing.

10/22/16

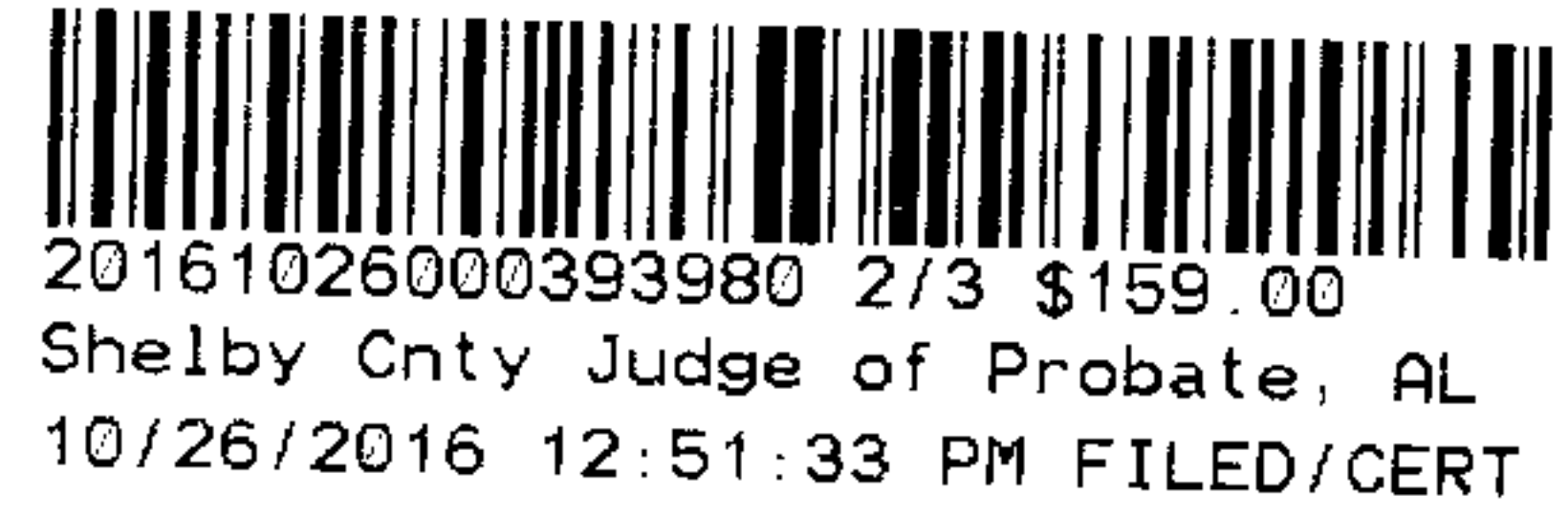
Date

W. Alan Cook


Typed or Printed Name of Person Appointed to Wind Up

Signature of Person Appointed to Wind Up

DOMESTIC LIMITED PARTNERSHIP (LP) STATEMENT OF TERMINATION



The name of the General Partner: Healthy Glow Management, LLC

  
Signature of General Partner

The name of the General Partner: \_\_\_\_\_

\_\_\_\_\_  
Signature of General Partner

The name of the General Partner: \_\_\_\_\_

\_\_\_\_\_  
Signature of General Partner

The name of the General Partner: \_\_\_\_\_

\_\_\_\_\_  
Signature of General Partner

The name of the General Partner: \_\_\_\_\_

\_\_\_\_\_  
Signature of General Partner

The name of the General Partner: \_\_\_\_\_

\_\_\_\_\_  
Signature of General Partner



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# *State of Alabama*

## *Department of Revenue*

### **Certificate of Compliance**

**Blemish Free Assets, LP** is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of September 19, 2016. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

*IN WITNESS WHEREOF, I hereunto set my hand this  
date of September 19, 2016.*

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*Disclosure Officer*

**Phone: 334-242-1189**  
**Fax: 334-242-1030**

Request Date: September 19, 2016  
Request Code: 1609191748664