

L11000005424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

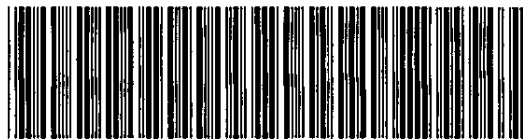
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600255275446

01/24/14--01009--018 **25.00

RECEIVED
JAN 24 2014
14 JAN 24 2014
JAN 24 2014

J. Shivers JAN 29 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL IS WELL FITNESS 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:

HELENA STOUTON
(Name of Person)

(Firm/Company)

1483 INGLE COURT
(Address)

ORMOND BEACH FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

HELENA STOUTON at (407) 430 2180
(Name of Person) (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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

ALL IS WELL FITNESS LLC

2. The Articles of Organization were filed on JANUARY 13, 2011 and assigned
document number 211000005424

3. The delayed effective date the dissolution if not effective on the date of filing: 12-31-2013

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).

LACK OF ACTIVITY

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

HELENA STOUGHTON

1483 INELI COURT

ORMOND BEACH FL 32174

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

Printed Name



HELENA STOUGHTON

FILING FEE: \$25.00

FILED
JAN 24 2011
TALLAHASSEE, FLORIDA