

L130000086187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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FILED
14 MAY -5 PM 3:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

MAY 12 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iGet Fit, 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:

Sarah Doyle
(Name of Person)

iGet Fit, LLC
(Firm/Company)

174 CR 534
(Address)

Bushnell, FL 33513
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Doyle at (941) 737-3051
(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

FILED
14 MAY -5 PM 3:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. The name of a limited liability company is
iGetFit LLC.
2. The Articles of Organization were filed on June 13, 2013 and assigned
document number L13600086187
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
insufficient business revenue
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Sarah Doyle
174 CR 534
Bushnell, FL 33513
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:

Sarah Doyle
Signature

Sarah Doyle
Printed Name

FILING FEE: \$25.00