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DIVISION OF CORPORATIONS

Wold:s

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LifeSkills Health & Fit	ness.s
DOCUMENT NUMBER: N0400005530	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Susan Untiedt (Name of Contact Person)	
(Name of Contact Person)	
Life Skills Health 4 (Firm/Company)	Fitness
1370 C Sorno Rd. (Address)	
(Address)	
Melbourne, FL 32	935
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Susan Untiedt at (321) (Name of Contact Person) (Area	1253-9122
(Name of Contact Person) (Area	Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & \$\bigs\\$60 Certified (Additional enclosed)	Copy Certificate of Status &
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Life Skills Health and Fitness, INC.	
SECOND:	The document number of the corporation (if known): NO 4000005530	
THIRD:	The file date of the articles of incorporation: $6/2/2004$	
FOURTH	The corporation has not commenced to conduct its affairs.	2006
FIFTH:	No debts of the corporation remains unpaid.	2006 MAR 30
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	0 45 0
	The dissolution was authorized by a majority of the directors: OR	
	☐ The dissolution was authorized by an incorporator.	
	The dissolution was authorized by a majority of the incorporators.	
Sions	ature: Sense Unitedt	
~-5	(By the chairman or vice chairman of the board, president or other officer- if directors have not be selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciar that fiduciary)	
	Susan Untiedt (Typed or printed name of person signing)	
	Registered Agent, Officer	

Filing Fee: \$35