114000044749

(Reque	estor's Name)
(Addre	ess)
(Addre	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docui	ment Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:

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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJE	CT: Riversedge Health & Fitness,	LLC
		Liability Company)
The end	closed Articles of Dissolution and fee(s) are submitted	d for filing.
Please 1	return all correspondence concerning this matter to the	e following:
	Ginger Chapman	
	(Name	of Person)
	Riversedge Health & Fitnes	e IIC
		Company)
	7610 US Hwy 41 North	ddress)
	(2.5)	
	Palmetto, FL 34221	
	(City/State	and Zip Code)
For furt	her information concerning this matter, please call:	
	Ginger Chapman	at (941)723 - 1494
	(Name of Person)	(Area Code & Daytime Telephone Number)
	d is a check for the following amount:	December 11 of the control of
Ľ	\$25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:
	Registration Section	Registration 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 FOR A LIMITED LIABILITY COMPANY

1,	The name of a limited liability company is
	Riversedge Health & Fitness, LLC
2.	The Articles of Organization were filed on and assigned and assigned
	document number L14000044749
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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).
	Project too costly. Closed company. Ended partnership.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Roger Hruby Signature Printed Name
	Signature Printed Name

FILING FEE: \$25.00