

106000059048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

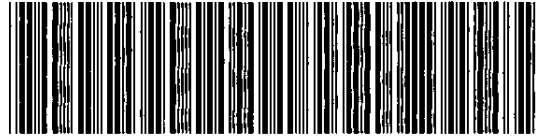
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600154296776

05/01/09--01033--013 **30.00

FILED
09 MAY - 1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 04 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Personalize Your 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:

Sheridan Rafer

(Name of Person)

Personalize Your Fitness, LLC

(Firm/Company)

5255 Monterey Circle #73

(Address)

Delray Beach, Florida 33484

(City/State and Zip Code)

For further information concerning this matter, please call:

Sheridan Rafer

(Name of Person)

at (561) 289-8017

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
09 MAY - 1 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Personalize Your Fitness, LLC

2. The Articles of Organization were filed on **6/5/2006** and assigned document number
L06000059048

3. The date the dissolution was approved: **4/10/09**

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

The business never operated and was found to be a non-profitable venture.

5. CHECK ONE:

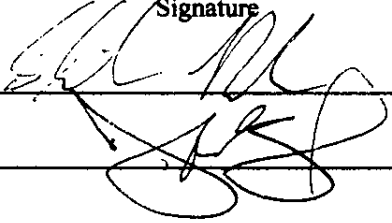
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name

Sheridan Rafer

Jeff Segal

FILING FEE: \$25.00

FILED
09 MAY - 1 09:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA