(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:						
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SECRETARY OF STATE DIVISION OF SCREDARY OF STATE

COVER LETTER

	Registration Section Division of Corporations							
SUBJECT: Bodymasster, llc								
	(Name of L	imited Liability Company)						
The enclo	osed Articles of Dissolution and fee(s) are su	bmitted for filing.						
Please re	turn all correspondence concerning this matt	er to the following:						
	Gustavo Coutin							
		(Name of Person)						
Bodymasster, LLC								
(Firm/Company)								
2905 sw 16th pl								
(Address)								
cape coral, fl 33914								
	(Cit	ty/State and Zip Code)						
For furth	er information concerning this matter, please	call:						
	_{at (} 239) 628-9887							
	(Name of Person)	(Area Code & Daytime Telephone Number)						
Enclosed i	is a check for the following amount:							
	Filing Fee 30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 Filing Fee,						
<u> </u>	Certificate of Status	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)						
MAILING ADDRESS:		STREET/COURIER ADDRESS:						
	Registration Section Division of Corporations	Registration Section 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					
Bodymasster, Ilc					
2. The Articles of Organization were filed on	sept 5, 200	6	and assigned doo	cument n	umber
L060000086768					
3. The date the dissolution was approved: <u>Jar</u>	า 1, 2007				
4. A description of occurrence that resulted in t 608.441, Florida Statutes, (copy 608.441 on	the limited liabilities back cover letter			to section	n
business is closing and wont b	e in operat	tion anymo	re.		
5. CHECK ONE:	· · · · · · · · · · · · · · · · · · ·	<u>,</u>			
All debts, obligations and liabilities	of the limited lia	ability company	have been paid or d	lischarge	·d.
OR- Adequate provision has been made f	for the debts, obl	ligations and liab	oilities pursuant to s	608.44	21.
6. All remaining property and assets have been rights and interests.	distributed amo	ng its members i	n accordance with t	their resp	ective
7. CHECK ONE:					
There are no suits pending against the	he company in a	ny court.			
OR- Adequate provision has been made fentered against it in any pending suit	for the satisfaction. t.	on of any judgmo	ent, order or decree	which m	nay be
gnatures of the members having the same percen	ntage of member	ship interests ne	cessary to approve t	the disso	lution:
Stignature			Printed Name		
Mari		Gustavo	Coutin	_	DI/
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