

W08000012438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

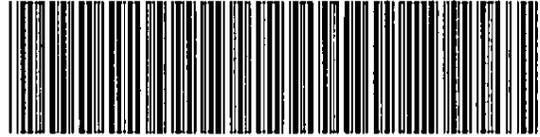
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Q. SILAS

FEB 17 2022

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02/07/22--01013--004 \*\*25.00

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FEB -7 PM 12:40  
SECRETARY OF STATE  
MONTGOMERY ALA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maximize Fitness 4 Fun, 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:

Gretchen Cress

\_\_\_\_\_  
(Name of Person)

Maximize Fitness 4 Fun, LLC

\_\_\_\_\_  
(Firm/Company)

1162 Howell Creek Drive

\_\_\_\_\_  
(Address)

Winter Springs, FL 32708

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gretchen Cress

\_\_\_\_\_  
(Name of Person)

407

463-6554

at ( \_\_\_\_\_ )

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

122 FEB -7 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is

Maximize Fitness 4 Fun LLC

2. The Articles of Organization were filed on February 4, 2008 and assigned

document number L08000012438

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

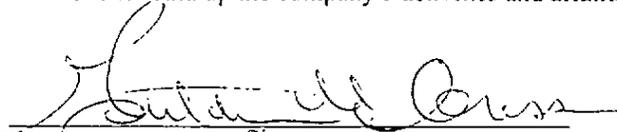
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

No longer in business

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. 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:

  
Signature

Gretchen M. Cress  
Printed Name

FILING FEE: \$25.00