

LO8000088364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/10--01028--017 **25.00

16 MAY 17 AM 10:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
MAY 18 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE TIME Companions 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:

Jan BonGiorno
(Name of Person)

LIFE TIME Companions
(Firm/Company)

9401 Hernando Ridge Road
(Address)

Weeki Wachee FL 34613
(City/State and Zip Code)

For further information concerning this matter, please call:

Jan BonGiorno at (352) 573-9678
(Name of Person) (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

JAN BONGIORNO
9401 HERNANDO RIDGE ROAD
WEEKI WACHEE
FL, 34613

TELEPHONE NUMBER FOR CONTACT

352-573-9678

DISSOLUTION OF LLC (NAME LIFE TIME COMPANIONS)



RECEIVED

10 MAY 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 30, 2010

JAN BONGIORNO
9401 HERNANDO RIDGE RD
WEEKI WACHEE, FL 34613

SUBJECT: LIFE TIME COMPANIONS LLC
Ref. Number: L08000088364

We have received your document for LIFE TIME COMPANIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00010819

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 AM 10:30

1. The name of a limited liability company is

Life Time Companions LLC

2. The Articles of Organization were filed on 3/21/2008 7/31/08 and assigned document number Log000088364.

3. The date the dissolution was approved: 4/26/2010.

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).

I AM THE SOLE PROPRIETOR OF THE COMPANY. I AM NO LONGER ABLE TO MANAGE THE COMPANY, DUE TO OTHER COMMITMENTS. ALSO THE ECONOMY HAS MADE IT VERY DIFFICULT TO DEVELOP A VIABLE BUSINESS.

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. 608.4421.

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

N/A

Printed Name

Jan BonGiorno