

Apr. 10. 2018 2:00 PM Gray Robinson Division of Corporations No. 0180 P. 1
L10000105540

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321)727-8100
Fax Number : (321)984-4122

18 APR 10 AM 9:49
RECEIVED

LLC DISSOLUTION OR WITHDRAWAL
KCMP FITNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2018 APR 10 PM 4:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Y SULKER

APR 11 2018

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

1. The name of a limited liability company is

KCMP Fitness, LLC

2. The Articles of Organization were filed on 10/08/2010 and assigned

document number L10000105540

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).

Consent of all members to dissolution.

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:

Kathleen M. Killeavy

Signature

Kathleen Killeavy

Printed Name

FILING FEE: \$25.00

18 APR 18 AM 5:19

Notice of Limited Liability Company Dissolution**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: **KCMP Fitness, LLC**

Document number of Limited Liability Company is: **L10000105540**

Date of dissolution was: **Date of Filing**

Description of information that must be included in a written claim:

The legal name of the claimant and its state of residence or jurisdiction of incorporation/organization.

A detailed explanation of the underlying basis for the claim.

A detailed calculation of the amount of the claim and any interest, fees or penalties that have accrued.

The date the claim accrued.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

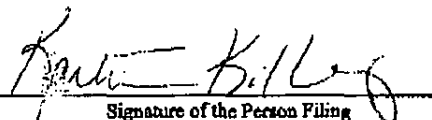
21 Riverside Drive, Unit 701

Cocoa, FL 32922

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Kathleen Killeavy

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00