

#L: 10000117508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

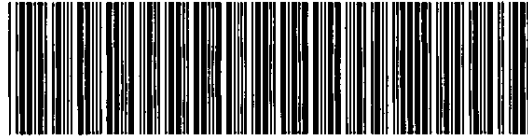
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/18/15--01005--019 **25.00

2015 MAR 18 PM 4:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
APR 10 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ken Bowman Body Coach, 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:

Ken Bowman
(Name of Person)

(Firm/Company)

2838 Rivers End Road
(Address)

Orlando, FL 32817
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Bowman at 407 482-1837
(Name of Person) (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2015 MAR 18 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ken Bowman Body Coach, LLC

2. The Articles of Organization were filed on November 12, 2010 and assigned

document number L10000117508 EIN: 27-3953649

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)

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).

I chose to close my business due to
getting a Full time job.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Ken Bowman
2838 Rivers End Road
Orlando, FL 32817

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:

Ken Bowman
Signature

Ken Bowman
Printed Name

FILING FEE: \$25.00