

L10000124409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

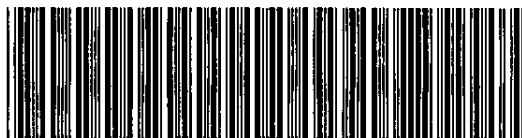
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 30 2014
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITNESS-N-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:

MATTHEW BLADES

(Name of Person)

FITNESS-N-FUN LLC

(Firm/Company)

361 FOREST PARK CIR

(Address)

LONGWOOD, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW BLADES

(Name of Person)

at (407) 790 4149

(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

CLERK OF COURT
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

FITNESS - N - FUN LLC

2. The Articles of Organization were filed on DECEMBER 09, 2010 and assigned
document number L10000126609

3. The delayed effective date the dissolution if not effective on the date of 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).

CHANGE IN CAREER

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

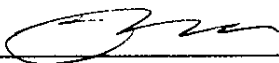
MATTHEW BLADES

361 FOREST PARK CIR

LONGWOOD, FL 32779

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



Printed Name

MATTHEW BLADES

FILING FEE: \$25.00

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