110000026788

| (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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2011 DEC 19 AM 9: 01

T: HAMPTON

DEC 2 0 2011

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: 10 Reps Training Studio 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: |
| Debra Niles |
| Name of Person) / O Reps Training Stelis (Firm/Company) |
| (Firm/Company) 3960 Enerald Estates Cr |
| 3960 Emerald Estates Cr (Address) Apopho, PL 32703 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (40) 466 - 0224 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee, 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



RECEIVED

11 DEC 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 6, 2011

DEBRA NILES 3960 EMERALD ESTATES CR APOPKA, FL 32703

SUBJECT: 10 REPS TRAINING STUDIO, LLC

Ref. Number: L11000026788

We have received your document for 10 REPS TRAINING STUDIO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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: 711A00027304

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2011 DEC 19 AM 9: 01

| 1. The name of a limited liability company is | | SEURETARY OF STATE TALLAHASSEE. FLORIDA | | |
|---|--|---|-----------------|------------------|
| 2. The Articles of Organization were filed on | 2/.1 | | _ | ocument number |
| 3. The date the dissolution was approved: | besterstan | 11/22/11 | effective | 12/28/11 |
| 4. A description of occurrence that resulted in 608.441, Florida Statutes, (copy 608.441 on Unprofitable | the limited liability back cover letter). | | lution pursuan | t to section |
| 5. CHECK ONE: All debts, obligations and liabilities OR- Adequate provision has been made 6. All remaining property and assets have been rights and interests. | for the debts, oblig | ations and liabiliti | ies pursuant to | s. 608.4421. |
| 7. CHECK ONE: There are no suits pending against t OR- Adequate provision has been made entered against it in any pending sui | for the satisfaction | | order or decre | e which may be |
| Signatures of the members having the same percent | ntage of membershi | p interests necess | ary to approve | the dissolution: |
| Signature | | Printed Name | | |
| De ar | _ | DE BAA | A. Nice | ೮ |
| fleshil | - | | h Nil | |
| | - | • | , | |
| | | | | |