L11000037759

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Na	me)
	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer	
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	Office Use C	nly



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 PP: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Date [.]	04/22/2024	Account#: I20000000088 For any issues please contact Xavian Brown		
	Xavian Brown	518-213-0739		
	#:2265076			
	e: SUNSHINE FITNESS NO	RTH FLORIDA ADA, LLC		
	les of Incorporation/Authorization to Tendment	ransact Business		
_	nge of Agent	*****		
Rein	statement			
Conv	version			
☐ Merg	ger	AH 8: 50 SSEE, FL	ว	
✓ Diss	olution/Withdrawal	AH 8: 50 OF STATE SEE, FL	e ë	
☐ Fictit	tious Name			
☐ Othe	er			
Authorized	Amount: \$25	_		
Signature:	×Pm-	_		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited ii		IORTH FLORIDA ADA, I	LC			
2. The Articles of Organiz	ntion were filed on	3/29/2011	and assigned			
document number	L11000037759					
Note: If the date inserted	ctive date cannot be prior to or	more than 90 days later than of the applicable statutory fili	ling:late document is received for tiling) ing requirements, this date will not b			
4. A description of occurre 605.0707, Florida Statut	ence that resulted in the li es. (copy 605.0707 on ba	mited liability company' ck cover letter).	s dissolution pursuant to section			
	LLC is no longer cond	ucting business in the sta	ate			
			na			
	<u> </u>		No.			
5. If there are no members activities and affairs:	enter the name and addr	ess of the person appoint	ted to wind up the company's s			
Signature of an authoriz listed above to wind up the	ed person or if there are company's activities and	no members, the signatur Laffairs:	re of the person appointed and			
/s/ Justin Vart		Justin Vartanian				
Signature		Pro	Printed Name			

FILING FEE: \$25.00