# L11000038616

(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



100349048201

RECEIVED
JUL 2 7 2020

07/25/20--01028--013 \*\*100.00

SECRETARY OF STATE
TYPE OF CHAPTERATION

20 JUL 27 AMTE: 19

Ranocation

SEP 1 8 2020

D CUSHING

### COVERIETTER

		C	A DÝ PĚTI TEK	
TO:	Registration Section Division of Corporation		į	
SUBJE	ct: Work	ME OUT	Miami	LLC.
		Name of Li	mited Liability C	Company
	closed Statement of Revo ed for filing.	cation of Dissolutio	on for Florida Lit	nited Liability Company and fee(s) are
Please r	return all correspondence	concerning this ma	itter to:	
	Michael W	ToJDOL	NSKI	
	Cont	act Person		
	OF UME OUT	Migmi Company		
	1428 Veneti	a AVE		
	4	Address		
	Ov-al Gables City, Sta	FL 3.31 te and Zip Code	34	

For further information concerning this matter, please call:

E-mail address: (to be used for future annual report notification)

Michael W To J Dow Sk Iat ( 305 ) 778-9151

Name of Contact Person Area Code Daytime Telephone Number

#### **Mailing Address:**

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	The name of the company is: WORK ME OUT Miami LLC.		<del></del>			
2.	The document number of the company is					
3.	The effective date the Dissolution was filed is	<u>-</u>	. <u>-</u>			
4.	The revocation of dissolution was authorized on		<u> </u>			
5.	A copy of the Articles of Dissolution is attached.	20 JUL 27				
	Signature of person authorized to submit the revocation of dissolution	<u> </u>				
		1:   2	STATE			
Filing Fee: \$100.00						

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

#### FILED Jun 27, 2020 Secretary of State

#### ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

WORK ME OUT MIAMI, LLC

The document number of the limited liability company: L11000038616

The file date of the articles of organization: March 31, 2011

The effective date of the dissolution if not effective on the date of filing: June 27, 2020

A description of occurance that resulted in the limited liability company's dissolution:

DUE TO COVID-19 AND NOT BEING ABLE TO OPEN MY DOORS OR WORK WITH CLIENTS.

The name and address of the person appointed to wind up the company's activities and affairs:

MICHAEL W TOJDOWSKI 6920 SW 82 CT MIAMI, FL 33133

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MICHAEL W TOJDOWSKI

Electronic Signature of authorized person