

41000056234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

4/30

MAY 04 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPERIAL FITNESS CLUB, 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:

JENNIFER STACY KILE
(Name of Person)

Imperial Fitness Club
(Firm/Company)

12840 Tamiami Trail N #300
(Address)

Naples, FL 34110
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jennifer Kile at (239) 834-0188
(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**

1. The name of a limited liability company is

Imperial Fitness Club

2. The Articles of Organization were filed on 5/11/11 and assigned

document number L 11000056234

3. The delayed effective date the dissolution if not effective on the date of filing: April 30, 2015
(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).

Career change for owner, no buyers
for current business

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

Jennifer Kile
22227 VIA PALAZZO PLACE
Estero, FL 33928

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

Jennifer Kile
Printed Name

FILING FEE: \$25.00

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