

L11 0000 58217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pilates and Fitness - Private 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:

Sarah (Nephew) Corsbie

(Name of Person)

Pilates and Fitness - Private Studio

(Firm/Company)

411 Cardinal Hill Lane

(Address)

Powell, Ohio, 43065

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah (Nephew) Corsbie

(Name of Person)

614

at ()

557-8879

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Pilates and Fitness - Private Studio, LLC
2. The Articles of Organization were filed on May 17, 2011 and assigned
document number L11000058217
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
The company was not making any money.

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: Sarah (Nephew) Corsbie

411 Cardinal Hill Lane

Powell, Ohio 43065

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:

Sarah (Nephew) Corsbie
Signature

SARAH (Nephew) Corsbie
Printed Name

FILING FEE: \$25.00

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