

L110000102433

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

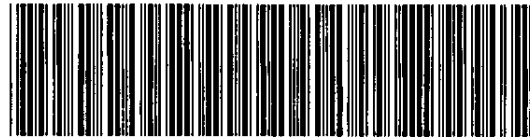
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/10/15--01007--018 \*\*25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3D Fitness of FL, 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:

Pamela J Levesque  
(Name of Person)

3D Fitness of FL, LLC  
(Firm/Company)

2608 Saddlewood Ln.  
(Address)

Palm Harbor, FL 34685  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Levesque at ( 727 ) 432-9364  
(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

3D Fitness of FL, LLC

2. The Articles of Organization were filed on 9/7/11 and assigned

document number L11000102433

3. The delayed effective date the dissolution if not effective on the date of filing: 01/31/2015  
(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).

Business no longer in operation.  
Voluntary Dissolution

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

Pam Levesque  
2608 Saddlewood Ln  
Palm Harbor, FL  
34685

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:

Pamela Levesque  
Signature

Pamela Levesque  
Printed Name

**FILING FEE: \$25.00**