

L11000117736

(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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01/13/14--01015--003 **25.00

FILED
14 JAN 13 AM 10:54
TALLAHASSEE, FLORIDA
SIXTH JUDICIAL CIRCUIT

J. Silvers JAN 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iConquer Fitness, 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:

Caitlin Pyle
(Name of Person)
iConquer Fitness
(Firm/Company)
10132 Musket Lane
(Address)
Orlando, FL 32821
(City/State and Zip Code)

For further information concerning this matter, please call:

Caitlin Pyle at (407) 443 8377
(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

iConquer Fitness LLC

2. The Articles of Organization were filed on 10/13/11 and assigned
document number L11000117736

3. The delayed effective date the dissolution if not effective on the date of 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 failed to thrive and owner
pursued another trade.

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

Caitlin Pyle
10132 Musket Lane
Orlando FL 32821

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

Printed Name

C Pyle

Caitlin Pyle

FILING FEE: \$25.00

FILED
TALLAHASSEE, FLORIDA
14 JAN 13 2:10 PM '11