L11000133643

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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> D. BRUCE AUG 2 7 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ClÓEFIT HORCKORE EOST, 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:	
Robert LEVY	
Gosfit Hard Cone Cost	
(Firm/Company) 499 Royal Palm Way	
Boxa Paton, FL 334-32	
(City/State and Zip Code)	
For further information concerning this matter, please call:	202 /
Robert Levy 309-6572=	2020 JUL 15
(Name of Person) (Area Code & Daytime Telephone Number Expression of Person) Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}}\$ \text{ Telephone Number Expression}\$ \$\sum_{\text{S25.00 Filing Fee}}\$ \text{ Certificate of Dissolution}\$ \$\sum_{\text{S25.00 Filing Fee}}\$ \text{ Certificate of Dissolution}\$ \$\sum_{\text{S25.00 Filing Fee}}\$ \text{ Certificate of Dissolution}\$. 15 AH 7:5
\$25.00 Filing Fee and Certificate of Dissolution □ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	5 7

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is COSSFIT HOID COVE East,	LLC
2. The Articles of Organization were filed on	28 2011 and assigned
document number L11000133643	_
3. The delayed effective date the dissolution if not efference (effective date cannot be prior to or mo Note: If the date inserted in this block does not meet the listed as the document's effective date on the Departmen	applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted in the limit 605.0707, Florida Statutes, (copy 605.0707 on back) LLC UOS COSED DOY 15 20	ted liability company's dissolution pursuant to section cover letter). 20 due to Could and Afect
on the business ability to con	trie
5. If there are no members, enter the name and address	of the person appointed to wind up the company's
activities and affairs:	
	- HA
6. Signature of an authorized person or if there are no above to wind up the company's activities and affairs:	members, the signature of the person appointed and listed
	Robert Levy
Signature	Printed Name

FILING FEE: \$25.00