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FILED
2014 FEB 10 PM 3: 54
SECRETARY OF STATE
ASSEE, FLORIDA

K. SALY EXAMINER

FEB 1 2 2014.

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Corporations					
SUBJECT:	Ginastica Natural, LLC					
(Name of Limited Liability Company)						
The enclosed	d Articles of Dissolution and fee(s) are submitted	ed for filing.				
Please return	all correspondence concerning this matter to t	he following:				
	Ana Claudia C. Guedes, Esq.					
	(Name of Person)					
	Guedes Law Office OBO Ginastica Natural, LLC					
	(Firm/Company)					
	4730 Noyes Street #301					
	(/	Address)				
	San Diego, CA 92109					
	(City/Stat	e and Zip Code)				
For further in	nformation concerning this matter, please call:					
Ar	na Claudia Guedes	858	232-3170			
	(Name of Person)	at (ode & Daytime Telephone Number)			
Enclosed is a	check for the following amount:	,				
\$25	.00 Filing Fee and Certificate of Dissolution	f Dissolution \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
	MAILING ADDRESS: STREET/COURIER ADDRESS					
	Registration Section Registration Section Division of Corporations Division of Corporations					
	P.O. Box 6327	Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	A LIMITED	LIABILITY COMPANY	FILED			
1.	The name of a limited liability company is Ginastica Natural, LLC		2014 FEB 10 PM 2.5			
2.	The Articles of Organization were filed on	anuary 13, 2012	FALLAHASSEE, FLORID,			
3.	The delayed effective date the dissolution if r	not effective on the date of filing:	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). 					
The members have not seen sufficient profit or return on investment from their business venture since the company's formation in 2012. They have decided to dissolve as a result.						
						5.
6. ab	Signature of an authorized person or if there a	are no members, the signature of ffairs:	the person appointed and listed			
	Signature	Printed	Name			
	Qualinly	Ana Claudia Guede	s, Esq.			

FILING FEE: \$25.00