## L130000 23145

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



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U6/27/21--01025--021 +\*25.00





## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Disg/ve TROPIC PACE Fitness LLC (Name of Limited Liability Company)   |
| (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:  |
| POBERT E MACINTYRE   |
|  |
| (Firm/Company)   |
| 3504 SE 22nd Ave   |
| (Address)  |
| Cape Coval FL 33904  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| POSERT E MACINTYRE 612, 770 0219 (Name of Person) (Area Code & Daytime Telephone Number)   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee and Certificate of Dissolution . (1855.00 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 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

|          | A LIMITED LIABILITY COMPANY  |      |
|----------|--|------|
| 1.       | The name of a limited liability company is  TROPIC PACE FITNESS LEEP  2  |      |
| 2.       | The Articles of Organization were filed on $\frac{2/13}{2013}$ and assigned $\frac{300}{2000}$ and $\frac{3}{2000}$ document number $\frac{4/3000023}{45}$   |      |
| 3.       | The delayed effective date the dissolution if not effective on the date of filing: \frac{720}{2020} \frac{720}{2020} \frac{720}{200} 720 | 4    |
| 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 Sold 12/31/2020   |      |
| 5.       | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:   | -    |
|          | Lance Co-AL FL 3309  | 164  |
| 6.<br>ab | Signature of an authorized person or if there are no members, the signature of the person appointed and liste bove to wind up the company's activities and affairs:  | d    |
|          | Bignature Printed Name   | TYRE |
|          | Signature Printed Name   |      |
|          | FILING FEE: \$25.00  |      |
|          | Barbara Martin Barbara MacIntyr  | e    |