L1300052034

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

SECRETARY OF STATE
JIVISION OF GORPORATION
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JUN 0 9 2015

R MASON

COVER LETTER

TO:		ration Section on of Corporations			
SUBJE	CT:	Cross Fit Cooper City, LLC			
			ited Liability Cor	npany	
	closed S ed for fi	tatement of Revocation of Dissolution ling.	ı for Florida Limit	ed Liability Company and fe	ee(s) are
Please i	return al	l correspondence concerning this matt	er to:		
Lis	a Mar ie	Piegari			
		Contact Person		_	
Cr	oss Fit (Cooper City, LLC			
	-	Firm/Company		_	
9900 G	riffin Ro	ad		_	
		Address		_	
Cooper	· City, FI	_ 33328			
		City, State and Zip Code	·· · · · · · · · · · · · · · · · · · ·	-	
lisa	a@clubfi	itgym.com			
		ress: (to be used for future annual rep	ort notification)	_	
For furt	ther info	rmation concerning this matter, please	e call:		
Lisa	Marie I	Piegari	at (_954	818-6696	
	Name	of Contact Person	Area Code	Daytime Telephone Nur	mber
	Regist Divisi	ET ADDRESS: ration Section on of Corporations		MAILING ADDRESS: Registration Section Division of Corporations B. O. Poy 6327	
		n Building Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314	
		assee, Florida 32301			TASE SE

CR2E132 (4/15)

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	The name of the company is: Cross Fit Cooper City, LLC
2.	The document number of the company is <u>L130000052034</u>
3.	The effective date the Dissolution was filed is
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	The revocation of dissolution was authorized on
_	
5.	A copy of the Articles of Dissolution is attached.
	Lisa ni lugar
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (4/15)

SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CURPORATIONS
15 JUN -8 AM 4: 13

FILED May 03, 2015 Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CROSSFIT COOPER CITY, LLC

The document number of the limited liability company: L13000052034

The file date of the articles of organization: April 9, 2013

The effective date of the dissolution if not effective on the date of filing: May 4, 2015

A description of occurance that resulted in the limited liability company's dissolution:

LLC NO LONGER DOING BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

LISA PIEGARI 9900 GRIFFIN ROAD COOPER CITY, FL 33330

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: LISA MARIE PIEGARI

Electronic Signature of authorized person

SECRETARY OF STATE,

SECRETARY OF STATE,