## 4/3000053740

(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



200379592832

SECRETARY OF STAIL

HM D135

FEB 0 2 2022 I ALBRITTON

## **COVER LETTER**

TO:

Registration Section

Division of Corporations							
SUBJECT:	Cutting Edge Sports Nutrition, LLC  IECT: (Name of Limited Liability Company)						
3030							
The enclose	d Articles of Dissolution and fee(s) are submitt	ted for filing.					
Please return	n all correspondence concerning this matter to	the following:					
	Antoinette Genoese						
(Name of Person)							
	Cutting Edge Sports Nutrition, LLC						
	(Firm/Company)						
	11232Boyette Rd						
	(Address)						
	Riverview, FL 33569						
(City/State and Zip Code)							
For further i	information concerning this matter, please call:						
An	ttoinette Genoese	813 477-9302 at ()					
	(Name of Person)	at ()					
Enclosed is a	check for the following amount:						
<b>■ \$2</b> :	5.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
1 a	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil	ity company is			71.	
	Cutting Edge Sports Nutrition.	, I.I.C			507	
2.	The Articles of Organization	n were filed on April	12, 2013	and assigned	E. FLE	
	document number 1.1300005	53740	<del></del>			
3.	(effective	ate the dissolution if not effective on the date of filing: 01/17/2022 ctive date cannot be prior to or more than 90 days later than date document is received for filing) I in this block does not meet the applicable statutory filing requirements, this date will not be				
	listed as the document's effect				te will not be	
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 was dissolved and clo	osed on January 17, 20	22			
5.	If there are no members, en	ter the name and add Antoinette Genoese	lress of the person ap	pointed to wind up the com	pany's	
		11748 Holly Creek	Dr			
		Riverview, FL 3356	9			
6. ab	Signature of an authorized pove to wind up the company	person or if there are 's activities and affa	no members, the signirs:	nature of the person appoint	ted and listed	
Intrinette Sonnece_		Antoinette Geno	Antoinette Genoese			
/Signature			Printed Name			

FILING FEE: \$25.00