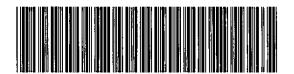
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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)
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SLUMITARY OF STAFF

NN - 9 2015

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Trinity Fitand Body 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:			
Daniel R. Adams S. (Name of Person)			
Trinity Fit and Body LLC (Firm/Company)			
295 Gary Blud (Address)			
Longhwood FL 32750 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Danie R. Adams at (434) 203-2380 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$25.00 Filing Fee and Certificate of Dissolution \$55.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FOR To
FOR A LIMITED LIABILITY COMPANY
1. The name of a limited liability company is
2. The Articles of Organization were filed on 6/20/2013 and assigned
document number <u>113000088823</u>
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) 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. 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).
located and will no longer be conducting business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Daniel R. Adams 295 Gary Blid Longward FL 32750
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:
Signature Printed Name

FILING FEE: \$25.00