

L14 000051131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

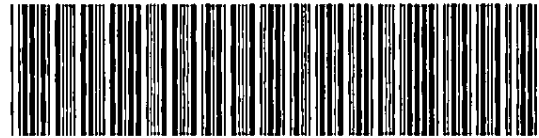
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 27 AM 8:35

STATE OF FLORIDA
TALLAHASSEE, FL

2021 JUL 27 PM 7:31

10/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolve Tropic PACE Fitness III 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:

Robert E MacIntyre
(Name of Person)

(Firm/Company)

3504 SE 22nd Ave
(Address)

Lape Coral FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert E MacIntyre at (612) 770-0219
(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 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

1. The name of a limited liability company is

Tropic Place Fitness III LLC

2. The Articles of Organization were filed on 3/25/2014 and assigned

document number 214000051131

3. The delayed effective date the dissolution if not effective on the date of filing: 7/20/2020
(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).

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:

Robert MacIntyre

3504 SE 22nd Ave

Loxpe Coral FL 33904

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:

Robert E MacIntyre
Signature

ROBERT E MACINTYRE
Printed Name

FILING FEE: \$25.00

Barbara MacIntyre

Barbara MacIntyre

FILED

2021 JUL 27 AM 8:35