

L14000053592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

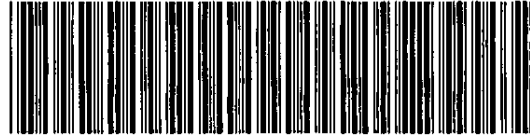
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

N. Gulligan DEC 30 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bfit solutions

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bresnniel Jansen

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9128 sw 150 ave

\_\_\_\_\_  
Address

miami, fl. 33196

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bresnniel Jansen

\_\_\_\_\_  
Name of Person

at ( 305 ) 812-4630

\_\_\_\_\_  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

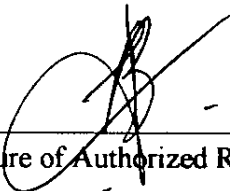
**FIRST:** The name of the limited liability company is: Bfit Solutions LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000053592

**THIRD:** The date of filing of the initial articles of organization is: 4/2/2014

**FOURTH:** The date of filing of the dissolution is: 10/16/2015

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
\_\_\_\_\_  
Signature of Authorized Representative

Bresnniel Jansen

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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2015 DEC 28 AM 9:03  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA