

L14000132604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

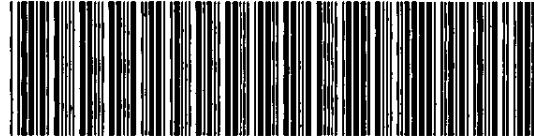
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/16--01019--015 **25.00

FILED
16 MAY -2 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SK/16/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2016

ANGEL MUNOZ

2850 WEST 80 ST STE 109
HIALEAH GARDENS, FL 33018

SUBJECT: INNER BEAST TRANSFITNESS ,LLC
Ref. Number: L14000132604

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16 MAY -2 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INNER BEAST TRANSFITNESS ,LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Must provide the written claim and the mailing address on the Notice of Limited Liability Company Dissolution application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 616A00007573

RECEIVED
2016 MAY -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNER BEAST TRANSFITNESS,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:

ANGEL MUNOZ

(Name of Person)

INNER BEAST TRANSFITNESS,LLC

(Firm/Company)

2850 WEST 80 ST STE 109

(Address)

HIALEAH GARDENS, FL 33018

(City/State and Zip Code)

FILED
16 MAY -2 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANGEL MUNOZ

(Name of Person)

at (786) 6638527

(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**

1. The name of a limited liability company is

INNER BEAST TRANSFITNESS, LLC

2. The Articles of Organization were filed on 09/25/2015 and assigned

document number L14000132604

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).

Business never opened. Manager enlisted in the
U.S Army and operations never started.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: n/a.

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

Angel Munoz

Printed Name

FILING FEE: \$25.00

16 MAY -21 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED