

L14000 164125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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15 APR 30 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. ENCLOSED MAY 05 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **Slam It Fitness**

(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:

**Alicia D Petersma**

(Name of Person)

(Firm/Company)

**2740 Ravenwood Ct**

(Address)

**Lynn Haven, FL 32444**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Alicia Petersma**

(Name of Person)

at **850 8668775**

(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  
Slam It Fitness

2. The Articles of Organization were filed on 10/21/2014 and assigned  
document number L14000164129

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).

I was not able to actively pursued Slam It Fitness LLC. the way I intended and I now have a job elsewhere.

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: Alicia Petersma

2740 Ravenwood Ct.

Lynn Haven, FL 32444

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

Alicia D Petersma

Printed Name

**FILING FEE: \$25.00**

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15 APR 30 AM 4:17  
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TALLAHASSEE FLORIDA