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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | Idress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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I ALBRITTON

COVER LETTER

| SUBJECT: BODY-TEMPLE FITNESS LLC (Name of Limited Liability Company) |
|--|
| (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: |
| |
| Hilder T. Brown (Name of Person) |
| (Name of Person) |
| BODY-TEMPLE FITNESS, LLC. (Firm/Company) |
| 8427 Southwood OAKs Street |
| 1, +h1a, FL 33547-275b (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Hild a Therese Brown at (813) 340 - 46,75 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee and Certificate of Dissolution \$\sim \\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

| | A LIMITED LIABILITY COMPANY Ziji |
|---|---|
| EFFECTIVE D | |
| 1. The name of a limited lia BODY - TEMP. | ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY ability company is A FITNESS, LLC. |
| 2. The Articles of Organiza | ation were filed on March 31 2015 and assigned |
| document number <u>L</u> / | 500076134 |
| Note: If the date inserted | the the dissolution if not effective on the date of filing: March 29 tive date cannot be prior to or more than 90 days later than date document is received for filing in this block does not meet the applicable statutory filing requirements, this date will ffective date on the Department of State's records. |
| 4. A description of occurre | nce that resulted in the limited liability company's dissolution pursuant to se |
| COE OZOZ Elasida Crasuta | va (aanu 605 0707 an haak aayan lattan) |
| • | es, (copy 605.0707 on back cover letter). |
| No longer Certi | fiel wetively training fitness classes due |
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| No longer Certification of the doctor's support | FIED fultively training fitness Classes diver pervision for health issues-condition. |
| No longer Certification of the doctor's support | enter the name and address of the person appointed to wind up the company Hilda T. Darron |
| No longer Certification of the doctor's support | FIED fultively training fitness Classes diver DERVISION for health issues-Condition. |
| No longer Certification of the doctor's support | enter the name and address of the person appointed to wind up the company |

FILING FEE: \$25.00