

15000 126007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

must list name &
address in section
5

304

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01/28/19--01021--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 19 PM 3:42

Dissolution

FEB 26 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Twisted Iron 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:

KATHRYN CIRESI
(Name of Person)

Twisted Iron Fitness
(Firm/Company)

431 TIMBER RIDGE DR.
(Address)

Longwood, FL 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHRYN CIRESI at (407) 848-7736
(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/COURIER ADDRESS:

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

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CLERK OF STATE
DIVISION OF CORPORATIONS
19 FEB 19 PM 3:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2019

KATHRYN CIRESI
TWISTED IRON FITNESS
431 TIMBER RIDGE DR
LONGWOOD, FL 32779

SUBJECT: TWISTED IRON FITNESS, LLC
Ref. Number: L15000126007

We have received your document for TWISTED IRON FITNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If there are no members you must put a name and address in section 5 of the 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00002761

RECEIVED
2019 FEB 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Twisted IRON Fitness

2. The Articles of Organization were filed on 7/27/15 and assigned

document number L15000126007

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).

NO LONGER Running a Gym under
this NAME. (CLOSED as of 2017)

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

not applicable
NO MEMBERS
I WAS the "SOLE" LLC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

19 FEB 19 PM 3:42

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:

Kathy Ciresi
Signature

KATHYN CIRESI
Printed Name

FILING FEE: \$25.00