

L15000134811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

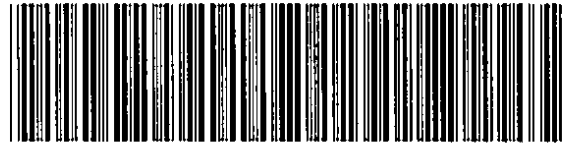
(Document Number)

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2018 AUG 13 PM 2:34  
SECRETARY OF STATE  
141 MASSACHUSETTS

M. MILLIGAN  
AUG 13 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIT NORTH AMERICA, 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:

Emanuelle Oliveira

(Name of Person)

Csg Capital Services Group Inc

(Firm/Company)

446 W Hillsboro Blvd

(Address)

Deerfield Beach, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

Emanuelle

(Name of Person)

954.427.4770

at ( )

(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

FILED  
2010 AUG 13 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
FIT NORTH AMERICA, LLC

2. The Articles of Organization were filed on 08/07/2015 and assigned  
document number L15000134811

3. The delayed effective date the dissolution if not effective on the date of filing: 06/04/2018  
(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.

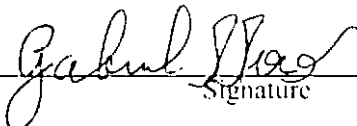
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Business never started to work

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

446 WEST HILLSBORO BLVD

DEERFIELD BEACH, FL 33441

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

Gabriel Luis Lloyd

Printed Name

FILING FEE: \$25.00