

L15000156955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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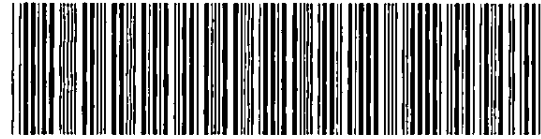
(Business Entity Name)

(Document Number)

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RECEIVED

2024 APR 23 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 APR 23 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

AB



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Date: 04/22/2024

Name: Xavian Brown

Reference #: 2265076

Entity Name: SUNSHINE FITNESS HINESVILLE, LLC

Account#: I200000000088  
For any issues please contact  
Xavian Brown  
518-213-0739

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: XPM

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

**FILED**

1. The name of a limited liability company is  
\_\_\_\_\_ SUNSHINE FITNESS HINESVILLE, LLC 2024 APR 23 AM 9:56
2. The Articles of Organization were filed on \_\_\_\_\_ 9/15/2015 \_\_\_\_\_ and assigned \_\_\_\_\_ STATE  
document number \_\_\_\_\_ L15000156955 \_\_\_\_\_ FL
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).  
\_\_\_\_\_ LLC is no longer conducting business in the state \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

\_\_\_\_\_  
/s/ Justin Vartanian  
Signature

\_\_\_\_\_  
Justin Vartanian  
Printed Name

**FILING FEE: \$25.00**