

L16000172857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

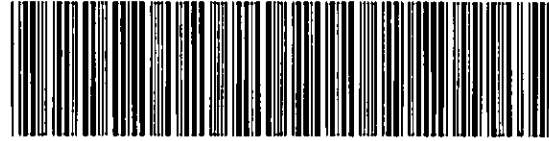
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JAN 30 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D. BRUCE  
FEB 07 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **FIT YOU WELLNESS SOLUTIONS 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:

**MARK A PARI**

(Name of Person)

**ABC BUSINESS SERVICES LLC**

(Firm/Company)

**569 MOONPENNY CIRCLE**

(Address)

**PORT ORANGE FL 32127**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MARK A PARI**

(Name of Person)

at ( **386** ) **492-4947**  
(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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STATE DEPT. OF REVENUE

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

1. The name of a limited liability company is  
FIT YOU WELLNESS SOLUTIONS LLC

2. The Articles of Organization were filed on 09/15/2016 and assigned  
document number L16000172857

3. The delayed effective date the dissolution if not effective on the date of filing: 01/28/2019  
(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).  
Sole Member has decided to relocate to another state and take a position in another industry, effectively ending  
the existence of this business entity. This is a voluntary dissolution. All remaining matters are being handled by  
the party named below at the address provided.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Mark A Pari  
ABC Business Services LLC  
569 Moonpenny Circle  
Port Orange FL 32127

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TALLAHASSEE FLORIDA

FILED

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

Mark A Pari

Printed Name

**FILING FEE: \$25.00**