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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 DEC 13 AM 7:41

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fit Family Programs LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Schuech

Name of Person

Firm/Company

7020 Nova Drive Davie

Address

FL 33317 #309D

City/State and Zip Code

Fit family Programs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Schuech

Name of Person

at (954) 849-0930

Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

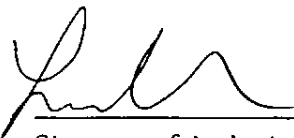
**FIRST:** The name of the limited liability company is: Fit Family Programs LLC

**SECOND:** The Florida Document number of the limited liability company is: L1600018641

**THIRD:** The date of filing of the initial articles of organization is: 10/7/2016

**FOURTH:** The date of filing of the dissolution is: 11/30/2017

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Eamon Schreck

Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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