

L18000169319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

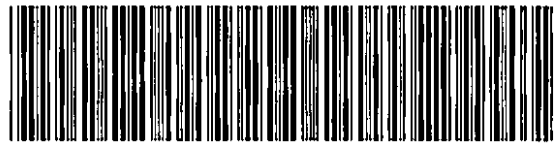
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 DEC 19 AM 11:00

OFFICE OF STATE
TALLAHASSEE, FL

11-511

PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE FIT 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:

HECTOR T BRUNO

(Name of Person)

ONE FIT SOLUTIONS LLC

(Firm/Company)

1821 BRUCE ST

(Address)

KISSIMMEE FL 34741-5907

(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR T BRUNO

(Name of Person)

at (407) 731-2937

(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**

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

2. The Articles of Organization were filed on 07/13/2018 and assigned
document number L18000169319

3. The delayed effective date the dissolution if not effective on the date of filing: December 13, 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).
Shortly after filing our Articles of Organization my wife was diagnosed with Stage 3 Breast Cancer and all of
our startup capital is being used for her care and treatments. We have not yet opened a business bank account
and have not begun our business venture. We will re-file once her health is better and under control.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Hector T. Bruno, 1821 Bruce St., Kissimmee, FL 34741

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

HECTOR T BRUNO
Printed Name

FILING FEE: \$25.00

2018 DEC 19 AM 11:00
FILED
TALLAHASSEE, FL

FILED