

L19000071295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

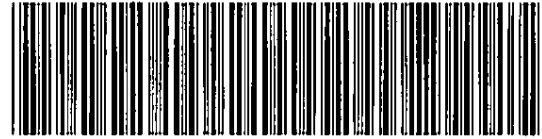
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800361065838

03/02/21--01036--017 **25.00

FILED
2021 MAR -8 AM 11:05
TALLAHASSEE, FL

Att Diss/CLB

MAY 16 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ionics Sports Performance 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:

Abby Reynolds

(Name of Person)

Ionics sports performance LLC

(Firm/Company)

2550 N 11th Ave

(Address)

Pensacola, FL, 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

Abby Reynolds

(Name of Person)

334

4033733

at (_____) _____

(Area Code & Daytime Telephone Number)

OR 281-468-2575

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2021 MAR -8 AM 11:05
TALLAHASSEE, FL
STATE OF FLORIDA

1. The name of a limited liability company is

Ionics sports performance LLC

2. The Articles of Organization were filed on 3.13.2019 and assigned

document number L19000071295

3. The delayed effective date the dissolution if not effective on the date of filing: March 5, 2021

(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).

Due to Covid 19 the business never operated in any capacity.

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

2550 N 11th Ave, Pensacola, FL, 32503

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:

A. Reynolds
Signature

Abby Reynolds

Printed Name

FILING FEE: \$25.00