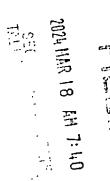


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Lumals





03/18/24--01025--018 ++25.00



COVER LETTER

Money order # # 2235501716

TO: Registration Section Division of Corporations Kins Fitness 4 Fun "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: Janet R. Gibson (Firm/Company) MITAMAI Florida 33027
(City/State and Zin Code) For further information concerning this matter, please call: Tanet R. G. BSUN at (305) 308-6605

(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 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

1. The name of a limited lia	ability company is	
K105	FITNESS 4 FUN "LLC"	
	ation were filed on $\frac{03/26/2019}{}$ and assigned	
document number	19000216977	
	the the dissolution if not effective on the date of filing: March 12, this date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will need the date on the Department of State's records.	ス <i>ロス午</i> 101 be
4. A description of occurrer 605.0707, Florida Statute	nce that resulted in the limited liability company's dissolution pursuant to sections, (copy 605,0707 on back cover letter).	on
No act	No longer Needed	
	Vever used it	7.
If there are no members, activities and affairs:	enter the name and address of the person appointed to wind up the company's	0
	Owners Janet R. Gibson +	Mgr
	James A Gibson 4	AM BR
6. Signature of an authorize above to wind up the compa	ed person or if there are no members, the signature of the person appointed and any's activities and affairs:	listed
Xanak Bu	Janet R. GIBSON	
Signature	Printed Name	

FILING FEE: \$25.00