

L70 000 000 305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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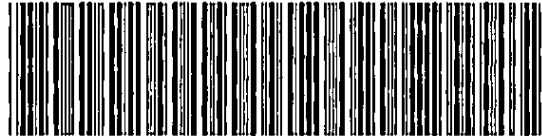
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 01 2021
S. YOUNG

2020 DEC 17 PM 6:33

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hipmoves Fitness Studio LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rona Bennett
(Name of Person)

Hipmoves Fitness Studio LLC
(Firm/Company)

1014 NE 10th AVE
(Address)

Gainesville FL 32601
(City/State and Zip Code)

For further information concerning this matter, please call:

Rona Bennett at (352) 215 2852
(Name of Person) (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

2020 DEC 17 PM 6:34

1. The name of a limited liability company is

Hipmoves fitness Studio LLC

2. The Articles of Organization were filed on 10/17/2019 and assigned

document number L20000000305

3. The delayed effective date the dissolution is not effective on the date of filing: 1/1/21
(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).

Financial hardship due to Pandemic

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

Rona Bennett
1014 NE 10th Ave
Gainesville, FL
32601

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:

Rona Bennett
Signature

Rona Bennett
Printed Name

FILING FEE: \$25.00