

L21 000 209562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

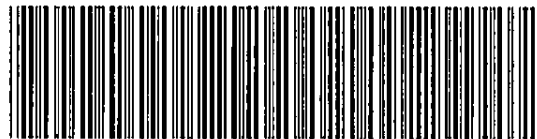
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 04/22/2024

Name: Xavian Brown

Reference #: 2265076

Entity Name: SUNSHINE FITNESS MONTGOMERY 2, LLC

Account#: I200000000088
For any issues please contact
Xavian Brown
518-213-0739

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$25

Signature: 

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SUNSHINE FITNESS MONTGOMERY 2, LLC
2. The Articles of Organization were filed on _____ 5/12/2021 _____ and assigned
document number _____ L21000209560 _____
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

LLC is no longer conducting business in the state

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

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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:

/s/ Justin Vartanian
Signature

Justin Vartanian
Printed Name

FILING FEE: \$25.00

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