

L21000451322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/15/22--01014--019 ♦♦55.00

2022 SEP 15 PM 2:52

Dissolution

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fragmented Fitness & Wellness 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:

Patzay Ann Brookshire
(Name of Person)

Fragmented Fitness & Wellness LLC
(Firm/Company)

3218 Pompey Avenue
(Address)

Vernon, FL 32462
(City/State and Zip Code)

For further information concerning this matter, please call:

Patzay Ann Brookshire at 850, 748 9464
(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

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

1. The name of a limited liability company is

Fragmented Fitness & Wellness LLC

2. The Articles of Organization were filed on 10/15/2021 and assigned

document number L21000451322

upon filing
12/15/22 JAB

3. The delayed effective date the dissolution if not effective on the date of filing: 12/15/22 JAB
(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).

Individual thought the name was perfect during
a business course. Individual is unable to
provide fitness training and has not
conducted any business due to disabilities.

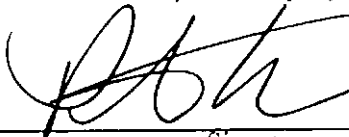
5. If there are no members, enter the name and address of the person appointed to wind up the company:

activities and affairs:

Patsy Ann Brookshire
3218 Pompey Avenue
Vernon, FL 32462

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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:



Signature

Patsy Ann Brookshire

Printed Name

FILING FEE: \$25.00