

L24000013258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

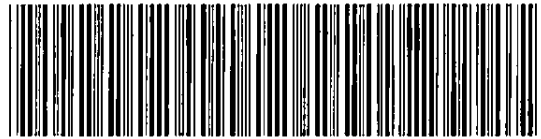
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200435543002

08/30/24--01013--020 \*\*25.00

10/03/24--01005--001 \*\*75.00

TALLAHASSEE, FLORIDA

2024 OCT -2 PM 4:08

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRIMED FITNESS PERFORMANCE and LIFESTYLE, LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Guillermo Diaz  
Contact Person

Primed Fitness Performance and Lifestyle, LLC  
Firm/Company

1819 SW 51<sup>st</sup> Ave  
Address

Gainesville FL 32608  
City, State and Zip Code

gdiaz@arkex,companies.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Diaz at ( 352 ) 231-8211  
Name of Contact Person Area Code Daytime Telephone Number

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2024

GUILLERMO DIAZ  
1819 SW 51ST AVE  
GAINESVILLE, FL 32608

SUBJECT: PRIMED FITNESS PERFORMANCE AND LIFESTYLE LLC  
Ref. Number: L24000013258

We have received your document for PRIMED FITNESS PERFORMANCE AND LIFESTYLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only received the Cover Letter. It is unclear what you are trying to file. If you are filing a Revocation of Dissolution I have enclosed the form. NOTE there is an additional filing fee of \$75.00 to file the Revocation. If you are wanting to file the Notice of Dissolution I have enclosed that form. No other filing fee needed for the Notice of Dissolution.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 224A00019831

FILED

2024 OCT -2 PM 4: 08

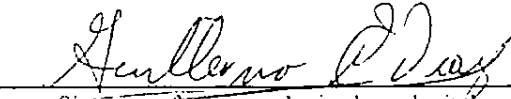
STATEMENT OF REVOCATION OF DISSOLUTION  
FOR

FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE, FLORIDA

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: PAIRED FITNESS PERFORMANCE and LIFESTYLE LLC
2. The document number of the company is L24000013258
3. The effective date the Dissolution was filed is 8/15/2024
4. The revocation of dissolution was authorized on 8/16/2024
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00  
Certified Copy: \$30.00 (optional)

FILED  
Aug 15, 2024  
Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

PRIMED FITNESS PERFORMANCE AND LIFESTYLE LLC

The document number of the limited liability company: L24000013258

The file date of the articles of organization: January 4, 2024

The effective date of the dissolution if not effective on the date of filing: August 15, 2024

A description of occurrence that resulted in the limited liability company's dissolution:

WE DECIDED NOT TO MOVE FORWARD WITH THIS COMPANY

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: GUILLERMO DIAZ

---

Electronic Signature of authorized person