P000061083

| (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: |
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| |

Office Use Only



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notice

05/11/09--01020--026 **35.00

2009 MAY II PM 4: 5
SECRETARY OF STATE
TALL AHASSEE, FLORIG

BOLLOR

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|---|--|
| SUBJECT: Dissolution of Corp | oration - Fitness Authority In |
| DOCUMENT NUMBER: <u>P00000061083</u> | |
| The enclosed Articles of Dissolution and fee are se | ubmitted for filing. |
| Please return all correspondence concerning this m | atter to the following: |
| MICHAEL KELLY | |
| (Name of Contact | • |
| FITNESS AUTHORITY, Inc. (Firm/Comp | |
| , (Firm/Comp | any) |
| 5347 NW ALAM CIRCLE | |
| (Address) | |
| PORT ST LUCIE FL 34986 | |
| (City/State and Z | ip Code) |
| For further information concerning this matter, plea | ase call: |
| MICHAEL KELLY (Name of Contact Person) at | (772) 785 9019 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| (Addi | 75 Filing Fee & \$\ \tag{\$52.50}\$ Filing Fee, fied Copy |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

| of dissolution | on: |
|----------------|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State Of |
| | FITNESS AUTHORITY, INC |
| SECOND: | The document number of the corporation (if known): P00000061083 |
| THIRD: | The date dissolution was authorized: 04/20/09 |
| | Effective date of dissolution <u>if applicable:</u> 04/20/09 (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| | ✓ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. |
| | Dissolution was approved by the shareholders through voting groups. |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by |
| | (voting group) |
| | |
| | Signature: (By a director, president or other officer—If directors or officers have not been selected, by an incorporator—if in the hands of a receiver, pustee, or other court appointed fiduciary, by that fiduciary) |
| | MICHAEL KELLY |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

Filing Fee: \$35

Notice of Corporate Dissolution

This, notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: FITNESS AUTHORITY, INC Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: account number, account name, account balance, date of account transaction Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 5347 NW ALAM CIRCLE PORT ST LUCIE FL 34986 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. MICHAEL KELLY Printed Name of the Person Filing