P00000088728

(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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SECRETARY OF STATE

Diss.

BOWN 4-27-11

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Pro Fitness Ce	nter
DOCUMENT NUMBER: 00000088728	
The enclosed Articles of Dissolution and fee are sub	emitted for filing.
Please return al! correspondence concerning this mat	ter to the following:
Amanda Sheldon	
(Name of Contact P	erson)
NutriPro Brickell, LLC	
(Firm/Compar	ny)
2223 SW 13th Avenue	
(Address)	
Miami, FL 33145	
(City/State and Zir	Code)
For further information concerning this matter, please	e call:
	786) 344-1332
(Name of Contact Person)	'(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified 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

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Pro Fitness Center, Inc.		
SECOND:	The document number of the corporation (if known): P0000088728		
THIRD:	The file date of the articles of incorporation: 09/19/2000		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	nture: Surando Sweller (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, trustee, or other court appointed fiduciary, by that fiduciary.)		
	Amanda Sheldon		
(Typed or printed name of person signing)			
	Officer President (Title of Person Signing)		

Filing Fee: \$35