P0100058189

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SECRETARY OF STATE
TALLAHASSEE FIORIE

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TO: Amendment Section Division of Corporations
SUBJECT: Acticles of Dissolution / Amendment Sect
DOCUMENT NUMBER: P0100058189
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Ferris (Name of Contact Person)
(Name of Contact Person)
Fitnessential, Inc
(Firm Company)
6510 Bayshore Blud. (Address)
(Address)
Tampa, Fr 33611
(City State and Zip Code)
For further information concerning this matter, please call:
Donna Ferri at (813) 839-3809 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

COVER LETTER

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 Departme	ent of Sta	te:	
	Fitnessendial, Inc			
SECOND:	The document number of the corporation (if known): Polooo5	8189	L.	
THIRD:	The file date the articles of incorporation:		-	
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 deto the shareholders, if shares were issued.	istributed	i	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	TACO	_	
	☐ A majority of the incorporators authorized the dissolution.	ECRE	06 A	
	A majority of the directors authorized the dissolution.	TARY ASSET	% I 7	
Sign	ature:	OF STATE FLORIDA	94 :II M	
8	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorpora	ator - if	
	Donna Ferris (Typed or printed name of person signing)	21	—	
	Resident Jouner (Title of Person Signing)	د سم ي		

Filing Fee: \$35