P93000037988

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COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: DISSOLUTION OF	CENTRALFLORIDA GINESS, INC.
DOCUMENT NUMBER: P 93 00	000 379888
The enclosed Articles of Dissolution and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
CINDIE A. UNGER	۷
(Name of C	Contact Person)
GOLOS Gym	·
203 38+h AU	\mathcal{N}
(Ad	dress)
51 PETERS BURG	
	and Zip Code)
For further information concerning this matter	er, please call:
Cindle A. Unger (Name of Contact Person)	at (<u>727</u>) <u>551 - 0486 X/0/</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	it:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 ananassee, 112 32314	2001 Executive Conter Choic

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
•	CENTRAL FLORIDA FITNESS, INC.
SECOND:	The document number of the corporation (if known): P930000 31988
THIRD:	The date dissolution was authorized: $\frac{1/31/09}{}$
·	Effective date of dissolution if applicable: 2/1/09 (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.
٠.٠	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 director 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)
	(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: CENTRAL FLORIDA GOTNESS, 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:
Amount of chin; date of service product goods Provision: name address or chamant; description
Drovision. Manie Address of Chamant; discription of service / production / goods referenced by
Claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 203 3844 Avenue With
203 38th AVDAUR NINTH
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.
CINDIE A. Unger Chillie G. Univer
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00