## L09000120104

(Requestor's Name)			
(Address)			
·			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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DIVISION OF CORPORATIONS

T. HAMPTON

JAN 2 0 2010

EXAMINER

## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations	•
SUBJE	CCT: Aglaia	Clinic, LLC
		imited Liability Company)
	closed Articles of Dissolution and fee(s) are sure	_
	Jay Willner, MD	
		(Name of Person)
		(Firm/Company)
	2378 Bent Tree Road	(ттисоправу)
	2070 Dent Tree Road	(Address)
	Palm Harbor FL 34683	
	(Cit	y/State and Zip Code)
For furt	ther information concerning this matter, please	call:
	Jodi Willner	<sub>at (</sub> 727 <u>612-3645</u>
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	d is a check for the following amount:	
\$25.0	0 Filing Fee & Certificate of Status	\$55.00 Filing Fee &
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE DIVISION OF CORPORATIONS

10 JAN 19 PM 1:88

and assigned document number and assigned document number
npany's dissolution pursuant to section
npany's dissolution pursuant to section
r opened
company have been paid or discharged.  as and liabilities pursuant to s. 608.4421.  members in accordance with their respective
rt.  ny judgment, order or decree which may be
terests necessary to approve the dissolution:
Printed Name
y Willner MD