

L02000001460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

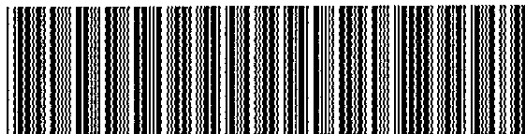
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 28 PM 3:18

Date: May 6, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Complete Family Foot Care, P.L.C.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Dissolution together with my check in the amount of \$55.00.

This represents the cost of the Filing Fees and Certified Copy of Dissolution for the above named corporation.

Very truly yours,

x 

Joseph D. Barta, D.P.M.

Complete Family Foot Care, P.L.C.
(name of corporation)

MAILING ADDRESS OF CORPORATION

5463 Commercial Way

Spring Hill, FL 34606

PHONE (352) 596-3338
Area Code

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03 JUL 28 PM 3:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Complete Family Foot Care, P.L.C.

2. The effective date of the limited liability company's dissolution is May 15, 2003

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Osection 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Management's decision due to inconvenient location.

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their
respective rights and interests.

6. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

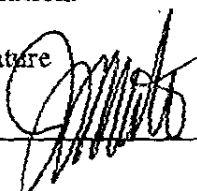
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the
dissolution:

Signature

Typed or Printed name

X



Joseph D. Barta, D.P.M.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 18 PM 3:18

Filing Fee: \$25.00