L02000031385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

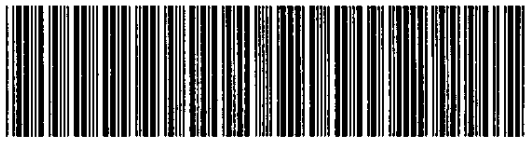
L02-31385

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900184937509

09/07/10--01027--001 **43.75

FILED
10 SEP 20 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 20 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2010

JEFF HAZIM
6555 POWERLINE ROAD
SUITE 103
FT. LAUDERDALE, FL 33309

SUBJECT: NEW LIFE CHIROPRACTIC CLUB LLC
Ref. Number: L02000031385

We have received your document for NEW LIFE CHIROPRACTIC CLUB LLC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 910A00021562

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
10 SEP 20 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
New Life Chiropractic Club. LLC

2. The Articles of Organization were filed on 11/21/2002 and assigned document number
L02000031395.

3. The date the dissolution was approved: 8/31/10.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
As The Limited Liability Company is no longer operating as a viable Business, the Sole Member has Resigned in Writing and there is no Entity operating the Company as of 8/31/10.

5. **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.

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

7. **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	Printed Name
	Jeff Hann

FILING FEE: $25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Life Chiropractic Club LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Hazim
(Name of Person)

(Firm/Company)

6555 Powerline Rd. Suite 103
(Address)

Ft. Lauderdale FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Hazim at (954) 448-3487
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☒ $30.00 Filing Fee & Certificate of Status
  Pd 4/3/5 previous Filing
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301