

L03000005035

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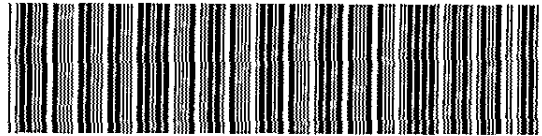
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 597500 4806071

AUTHORIZATION : *Patricia Pajuts*

COST LIMIT : \$ 25.00

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ORDER DATE : April 28, 2004

ORDER TIME : 2:23 PM

ORDER NO. : 597500-005

CUSTOMER NO: 4806071

CUSTOMER: Ms. Antonella Bonfiglio
Fagelhaber LLC
40th Floor
55 East Monroe Street
Chicago, IL 60603

DOMESTIC FILINGS

NAME: THERAPY OPTIONS OF SEMINOLE
COUNTY, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER'S INITIALS: _____

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

1. The name of the limited liability company is Therapy Options of Seminole County, LLC

2. The effective date of the limited liability company's dissolution is April 27, 2004

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

By Written Consent of the Sole Member.

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

Donald W. Williams

Typed or Printed name

Donald W. Williams

Filing Fee: \$25.00

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