

LO3000013029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

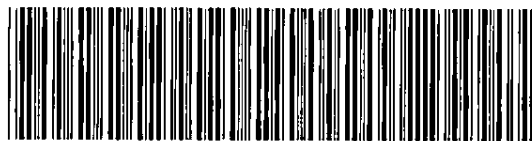
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2023 OCT -6 PM 12:38  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALVAREZ FAMILY CHIROPRACTIC, 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:

Michael S. Teal, Esq.

\_\_\_\_\_  
(Name of Person)

Michael S. Teal, P.A.

\_\_\_\_\_  
(Firm/Company)

333 East New York Avenue, Suite A

\_\_\_\_\_  
(Address)

DeLand, Florida 32724

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael S. Teal, Esq.

\_\_\_\_\_  
(Name of Person)

386

738-3400

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**COPY**

September 22, 2023

MICHAEL S. TEAL, P.A.  
333 EAST NEW YORK AVENUE  
SUITE A  
DELAND, FL 32724

SUBJECT: ALVAREZ FAMILY CHIROPRACTIC, LLC  
Ref. Number: L03000013029

2023 OCT -6 PM 3:38

RECEIVED

FLORIDA  
DIVISION OF  
CORPORATIONS

We have received your document for ALVAREZ FAMILY CHIROPRACTIC, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Complete mailing address where claims can be sent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 223A00021943

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2023 OCT -6 PM 12: 38

1. The name of a limited liability company is

ALVAREZ FAMILY CHIROPRACTIC, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on April 10, 2003 and assigned

document number L03000013029

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

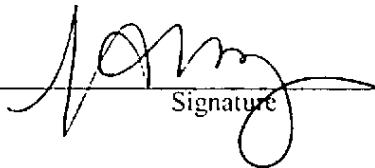
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The members have retired and closed their business.

They have sold the business assets to another chiropractic business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: (Pres.) Dr. Jackeline M. Alvarez, P.O. Box 1777, DeLeon Springs, FL 32130

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Dr. Jackeline M. Alvarez, President

Printed Name

FILING FEE: \$25.00