

L0400001464

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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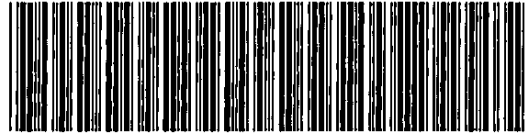
(Business Entity Name)

(Document Number)

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MASTER OF LAWS IN ESTATE PLANNING  
\*\* BOARD CERTIFIED IN WILLS, TRUSTS, ESTATES

May 3, 2007

Attn: Corporations Division  
Secretary of State  
Bureau of Corporate Records  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: The Group for Psychiatry, Psychology and Wellness,  
L.L.C.  
Effective Date: Date of Filing  
Document No. L04000011464

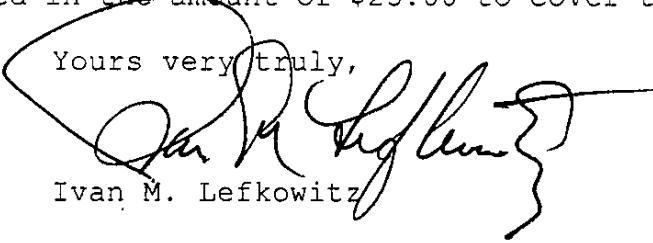
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed are the original and a duplicate copy of the Articles of Dissolution of the above referenced company. Please endorse your approval of the Articles of Dissolution on the duplicate copy to this office.

A check is also enclosed in the amount of \$25.00 to cover the filing fee.

Yours very truly,

  
Ivan M. Lefkowitz

IML:glg  
Enclosures  
cc: Ms. Gini Cucuel

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

1. The name of a limited liability company is The Group for Psychiatry, Psychology and Wellness, L.L.C.
2. The Articles of Organization were filed on February 12, 2004, and assigned document number L0400001464.
3. The date the dissolution was approved: April 24, 2007. The dissolution is to be effective as of Date of Filing, 2007.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back cover letter).

Written consent of all of the member per F.S. §608.441(1)(c).

5. All debts, obligations and liabilities of limited liability company have been paid or discharged.
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
7. There are no suits pending against the company in any court.

Signatures of the members having the same percentage of membership interest necessary to approve the dissolution.

Signature	Printed Name
<u><i>Gini A. Cucuel</i></u>	GINI CUCUEL, L.M.F.T., L.M.H.C.
<u><i>David Grimm</i></u>	DAVID GRIMM, L.M.F.T.
<u><i>Patricia A. Sarkar</i></u>	PATRICIA A. SARKAR, M.D.

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA