

L04000057984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

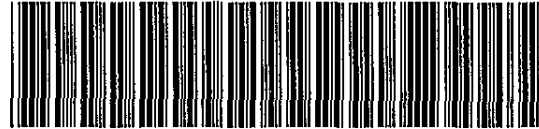
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

L04-57984

Office Use Only



500058427085

08/17/05--01011--011 \*\*25.00

FILED

05 AUG 17 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jm Dis

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healing - To - Go, 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:

John W. Garvy, Jr  
(Name of Person)

Healing - To - Go, LLC  
(Firm/Company)

10-B-2 St John's Medical Park  
(Address)

St. Augustine FL 32086  
(City/State and Zip Code)

For further information concerning this matter, please call:

John W. Garvy Jr. at (904) 794 2322  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

FILED  
05 AUG 17 AM 10:33  
TALLAHASSEE, FLORIDA  
REGISTRATION SECTION

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

1. The name of the limited liability company is

Healing - to - Go, LLC

2. The date the dissolution was approved: August 15, 2005.

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).

Sole member decided to dissolve LLC.

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  
John W Gervy, Jr.