

LD50000035667

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

LS

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

LLC DISS/WITH OR REV DISS

JAX THERAPY, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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

1. The name of a limited liability company is

JAX THERAPY, LLC

2. The Articles of Organization were filed on 4/12/2005 and assigned document number
L05000035667.

3. The date the dissolution was approved: 09/30/2007.

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).

Upon the written consent of all of the members of the limited liability
company

5. CHECK ONE:

☒ (X) All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ () Adequate provision has been made for 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:

☒ (X) There are no suits pending against the company in any court.

-OR-

☐ () Adequate provision has been made for the satisfaction of any judgement, 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
James O. Crumbley

Printed Name

James O. Crumbley/Owner

FILING FEE: \$25.00

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