

W5000045294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

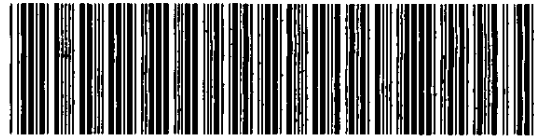
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W5-45294



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08/04/08--01036--008 \*\*43.75

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08 AUG 19 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 20 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOTAL Leg CARE, 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:

William B. Walters, MD  
(Name of Person)

TOTAL Leg CARE, LLC  
(Firm/Company)

1771 Ringling Blvd. #702  
(Address)

JANASSA, FL 34236  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Wm B. Walters, MD at (941) 376-2335  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

*Previously submitted a check for \$43.75 (#1348) on 7/31/08*

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

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2008

WILLIAM B. WALTERS M.D.  
1771 RINGING BLVD STE 702  
SARASOTA, FL 34236

SUBJECT: TOTAL LEG CARE, LLC  
Ref. Number: L05000045294

We have received your document for TOTAL LEG CARE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 508A00045368

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TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

TOTAL Leg CARE, LLC

2. The Articles of Organization were filed on UNKNOWN and assigned document number

LO5000045294

See filing with state of FL.

3. The date the dissolution was approved:

1/1/08

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).

Closure of Business

5. 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. 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. 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

Printed Name

William B. Walters, MD

William B. Walters, MD

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA