

L05000 089989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L05-89989

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

2/16

diff

Office Use Only



200066013042

02/16/06--01017--019 **25.00

FILED
06 FEB 16 PM 1:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W Physical Therapy, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Neil White
(Name of Person)

W Physical Therapy, LLC
(Firm/Company)

2815 w. pearl ave.
(Address)

Tampa, FL 33611
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Neil White at (813) 787-6733
(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)

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

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

1. The name of a limited liability company is

W Physical Therapy, LLC

2. The Articles of Organization were filed on September 6th, 2005 and assigned document number L05000089989

3. The date the dissolution was approved: December 31, 2005

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).

no business transactions

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. 608.4421.

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
Robert Neil White
Camille R. White

Printed Name

Robert Neil White

CAMILLA RAE WHITE

FILED
06 FEB 16 PM 1:52
CLERK OF STATE
TALLAHASSEE FLORIDA

FILING FEE: \$25.00