

L05000/22953

(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:

A. LUNT

MAY -9 2010

EXAMINER

Office Use Only



900207148059

05/04/11--01038--031 **25.00

FILED
2011 MAY -4 PM12:32
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

(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:

ARNOLD VERA

(Name of Person)

VERA ENDO WELLNESS INSTITUTE LLC

(Firm/Company)

1663 NORTH CLYDE MORRIS BLVD SUITE 2

(Address)

DAYTONA BEACH, FL 32117

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -4 PM 12:32

FILED

For further information concerning this matter, please call:

ARNOLD VERA

(Name of Person)

at (386) 274-1414

(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

FILED
2011 MAY -4 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
VERA ENDO WELLNESS INSTITUTE LLC

2. The Articles of Organization were filed on 12/28/2005 and assigned document number
L05000122953

3. The date the dissolution was approved: 04/25/2011

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).

OPERATING EXPENSES PROVIDED BY VERA ENDO WELLNESS INSTITUTE LLC
EXCEED THE SALES FOR LONG PERIOD OF TIME.

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.

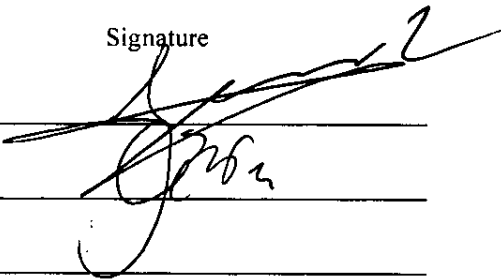
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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



Printed Name

ARNOLD VERA MD MSC FACE

ANNY VERA DDS MSC