

LDL0000 49409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

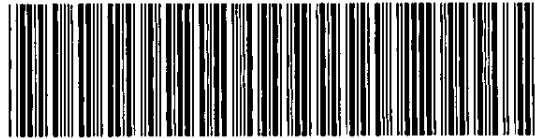
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

No #



500145391885

04/15/09--01001--021 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 13 PM 3:35

G. MCLEOD

APR 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIED THERAPY CENTER
(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:

DAVID B. SALIMANICK
(Name of Person)

(Firm/Company)

3841 NW 12TH PLACE
(Address)

GAINESVILLE, FL 32605
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID B. SALIMANICK at (352) 359. 0044
(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

RECEIVED
2009 APR - 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF
DIVISION OF CORPORATIONS
09 APR 13 PM 3:35

1. The name of a limited liability company is

ALLIED THERAPY CENTER

2. The Articles of Organization were filed on 5/12/2006 and assigned document number

L06000049409

3. The date the dissolution was approved: APRIL 15 2009

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).

THE PARTNERS ARE DISSOLVING THE LLC BECAUSE
WE HAVE CLOSED ALLIED THERAPY CENTER FOR
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. 608.4421.

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

David B. Salhanek

DAVID. B. SALHANKE

Linda S. Nowak

Linda S. Nowak