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T. HAMPTON

APR 3 0 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: Bay Area Speech-Language Pathology 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:				
Erin Saunders				
(Name of Person)				
Bay Area Speech-Language Pathology LLC				
(Firm/Company)				
2805 Bayshore Gardens Pkwy.				
(Address)				
Bradenton, Florida 34207				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Erin Saunders 941 751-6869				
(Name of Person) (Area Code & Daytime Telephone Number)	_			
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.				
Certificate of Status Certified Copy Certificate of Status &	5			
dadditional copy is en	closed)			
notice 35 pad				
MAILING ADDRESS: STREET/COURIER ADDRESS:				
Registration Section Registration Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
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Tallahassee, FL 32301				

Bay Area Speech-Language Pathology LLC 2805 Bayshore Gardens Pkwy. Bradenton, Florida 34207

January 28, 2008

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir:

We are enclosing Articles of Dissolution for Bay Area Speech-Language Pathology LLC for your filing. Our check for \$35.00 is enclosed.

Thank you for your attention to this matter.

Sincerely,



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 APR 29 PM 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 7, 2008

ERIN SAUNDERS 2805 BAYSHORE GARDENS PKWY BRADENTON, FL 34207

SUBJECT: BAY AREA SPEECH-LANGUAGE PATHOLOGY, LLC

Ref. Number: L06000071557

We have received your document for BAY AREA SPEECH-LANGUAGE PATHOLOGY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Letter Number: 208A00014331

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is		ARY COPE
Bay Area Speech-Language Path	ology LLC	POR POR
2. The Articles of Organization were filed on L06000071557	/19/06aı	nd assigned document numbe
3. The date the dissolution was approved: 12/3	1/2007	
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on back)	limited liability company's dissolu	ution pursuant to section
Written consent of all of the mem	nbers of the LLC.	
5. CHECK ONE:		
All debts, obligations and liabilities of OR-		
Adequate provision has been made for		-
All remaining property and assets have been dis rights and interests.	stributed among its members in acc	cordance with their respective
7. CHECK ONE:		
There are no suits pending against the c	company in any court.	
Adequate provision has been made for entered against it in any pending suit.	the satisfaction of any judgment, o	order or decree which may be
gnatures of the members having the same percentag	ge of membership interests necessa	ary to approve the dissolution
Signature	Pri	rinted Name
Saunder	Erin Saunde	ers
		

FILING FEE: \$25.00