L06000083581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

B. BOSTICK

APR 14 2011

EXAMINER

# COVER LETTER

**TO:** Registration Section
Division of Corporations

**SUBJECT:** ABL Therapy Services, 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:

LINDA L. VINCI
(Name of Person)

ABL Therapy Services, LLC
(Firm/Company)

~~1449 Gas Valley~~ 10869 Town Harbour Blvd. # 1315
(Address)

Boca Raton, FL 33433
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LINDA L. VINCI at (561) 672-7764
(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
ABL Therapy Services, LLC.

2. The Articles of Organization were filed on 8/23/2006 and assigned document number
L06000083381.

3. The date the dissolution was approved: 01/01/11.

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).
Owner moved out of state 7/2009

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.

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Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

| Signature | Printed Name |
|---|---|
| Linda L. Vinci | LINDA L. VINCI |
| | |
| | |
| | |
| | |

**FILING FEE: $25.00**

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2011

LINDA L. VINCI
ABL THERAPY SERVICES, LLC
6869 TOWN HARBOUR BLVD., #1315
BOCA RATON, FL 33433

SUBJECT: ABL THERAPY SERVICES, LLC
Ref. Number: L06000083381

We have received your document for ABL THERAPY SERVICES, 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):

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 611A00008174