

L06000086885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

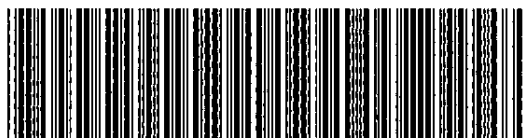
L06-86885

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200144162162

02/25/09--01018--021 **35.00

FILED
09 MAR 16 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXAMINER
MAR 17 2009
S. HAWKES

(Handwritten signature)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2009

SUSAN MITCHELL
TAMPA BAY HAND CENTER
13905 BRUCE B DOWNS BLVD STE B
TAMPA, FL 33613

SUBJECT: UNIVERSITY WELLNESS CENTER, LLC
Ref. Number: L06000086885

We have received your document for UNIVERSITY WELLNESS CENTER, 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 009A00006991

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of University Wellness Center, LLC

DOCUMENT NUMBER: L06000086885

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Mitchell

(Name of Contact Person)

Tampa Bay Hand Center

(Firm/Company)

13905 Bruce B Downs Blvd, Ste. B

(Address)

Tampa, FL 33613

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Mitchell

(Name of Contact Person)

at (813) 978-9494

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

University Wellness Center LLC

2. The Articles of Organization were filed on 9/5/2006 and assigned document number

L06000086885

3. The date the dissolution was approved: 2/16/09

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).

Written request to dissolve LLC received from the
owner & only member of the LLC

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

Cecil C. Aird

Printed Name

Cecil C. Aird, M.D