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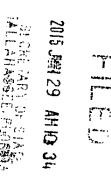
(Re	equestor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

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COVER LETTER

TO:

Registration Section
Division of Corporations

Flagler Counseling Center, 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:

Danny L. Johnson					
(Name of Person)					
(Firm/Company)					
6 Bay Pointe Drive					
(Address)					
Ormond Beach, FL 32174					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Danny L. Johnson

_,386

206-1902

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & 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				
	Flagler Counseling Center, LLC					
2.	The Articles of Organization	were filed on	96	and assigned		
	document number L060000946	516	<u>_</u>			
			_			
3.	Note: If the date inserted in this	dissolution if not effective on the date of filing: N/A te cannot be prior to or more than 90 days later than date document is received for filing) block does not meet the applicable statutory filing requirements, this date will not be e date on the Department of State's records.				
4.	A description of occurrence th 605.0707, Florida Statutes, (cc	nat resulted in the limit opy 605.0707 on back	ed liability company's dis cover letter).	ssolution pursuant to section		
	By consent of all the members - owners / managers have retired.					
		 				
				2015		
5.	If there are no members, enter activities and affairs:	the name and address	of the person appointed t	o wind up the company's		
				0) 7 9 (1) 5 (1) 5 (2) 7 3		
				် နှင့် ယ		
6. lis	Signature of an authorized per sted above to wind up the comp	rson or if there are no i any's activities and af	members, the signature of fairs:	the person appointed and		
<u></u>	Danny Z. Joh	hoso	Danny L. Johnson			
	Signature		Printed	Name		

FILING FEE: \$25.00