

LD6000096118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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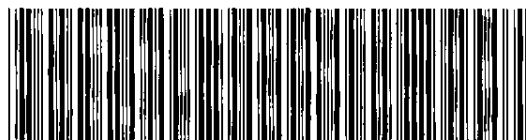
(Business Entity Name)

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APR 13 A 9 04
TALLAHASSEE, FLORIDA

S Warren

APR 14 2017

April 2, 2017

To Whom It May Concern,

Re: Joseph Cheries, Psy.D., PL
Document# L06000096118

This cover letter is to accompany the Articles of Dissolution for the Florida Limited Liability Company referenced above. As requested, it is to notify you of my telephone number and return address. Please call or send any future correspondence to the following:

Joseph Cheries
P.O. Box 780927
Sebastian, FL 32978
Cell: 772-713-7905

Very Respectfully,


Joseph Cheries

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joseph Cheries, Psy.D., PL
(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:

Joseph Cheries
(Name of Person)

Joseph Cheries, Psy.D., PL
(Firm/Company)

P.O. Box 780927
(Address)

Sebastian, FL 32978
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Cheries at (772) 713-7905
(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

Joseph Cheries, Psy.D., PL

2. The Articles of Organization were filed on September 29, 2006 and assigned

document number L 06000096118

3. The delayed effective date the dissolution if not effective on the date of filing: April 8, 2017
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Closed Private Practice

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Joseph Cheries

P.O. Box 780927

Sebastian, FL 32978

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Joseph Cheries, Psy.D.
Signature

Joseph Cheries, Psy.D.
Printed Name

FILING FEE: \$25.00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2017 APR 13 A 9:04

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