# L06000102454

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Certificates of Status		
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Special Instructions to Filing Officer:		
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12/29/08--01018--013 \*\*30.00



J. BRYAN
DEC 3 0 2008
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lake Wath Pain Management (LC (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:	
Angela Culvyhonse (Name of Person)  Palm Bench Chiroparche (Firm/Company)	
00 + 10 A	e Francisco
2910 JOS Kd (Address)	品。
Lake Worth 71 334/e7 (City/State and Zip Code)	DEC 29 PH 4: C
	5 P
For further information concerning this matter, please call:	<b>5</b> %
Daniel Clark CPA at (56) 820-9219 (Name of Person) (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	itus &

### **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	<u></u>
1. The name of a limited liability company is Lake Worth	Pair Management Lie
2. The Articles of Organization were filed on/0/19	and assigned document number
3. The date the dissolution was approved: $\frac{3/25}{}$	08
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	liability company's dissolution pursuant to section letter).
Company is not be	ing noed for
business. The	business is being
run under anoth	revactive corporation,
-OR- Adequate provision has been made for the debt  6. All remaining property and assets have been distributed rights and interests.  7. CHECK ONE:  There are no suits pending against the company -OR-	
Signatures of the members having the same percentage of me	
Signature	Printed Name
	Ingela Culveyhause