

206000103278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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08/10/09--01035--021 **25.00

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09 AUG 10 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Worth Medical + Rehab, 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:

Angela Culverhouse
(Name of Person)

(Firm/Company)

2910 Jog Rd
(Address)

Lake Worth FL 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

Vidya Nanceo at (561) 969-3232
(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

FILED
09 AUG 10 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Lake Worth Medical + Rehab LLC

2. The Articles of Organization were filed on 10/20/06 and assigned document number

LD0000103278

3. The date the dissolution was approved: 2/6/09

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).

Boca Medical + Rehab Center Inc. is no longer
a member with any interest. Palm Beach
Chiropractic P.A. does not conduct business
from this LLC. Business is running under another corp.

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.

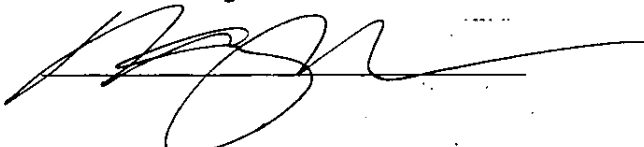
7. CHECK ONE:

- ☒ 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

Printed Name



Palm Beach Chiropractic P.A.
Angela Culverhouse