

L060000/10373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

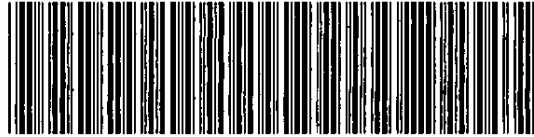
(Business Entity Name)

(Document Number)

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10/08/09--01007--004 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT - 8 AM 10:59

T. HAMPTON  
OCT - 9 2009  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smart Therapy, 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:

Anita Marie Smart  
(Name of Person)

Smart Therapy, LLC  
(Firm/Company)

PO Box 644  
(Address)

Lynn Haven, FL 32444  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anita Smart at ( 850 ) 832-4072  
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT -8 AM 10:59

1. The name of a limited liability company is

Smart Therapy, LLC

2. The Articles of Organization were filed on 11 / 15 / 2006 and assigned document number

L 06 000110 373.

3. The date the dissolution was approved: Oct. 01, 2009

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).

Voluntary Dissolution by owner/sole member  
to terminate business.

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

Anita Marie Smart

Printed Name

Anita Marie Smart

FILING FEE: \$25.00