

L07000060523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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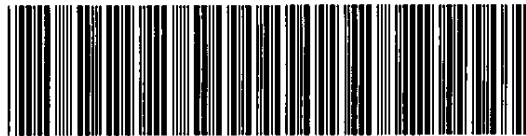
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 JUN -9 PM 3:15

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 9 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 602314 7592689

AUTHORIZATION :

*Lyndee Coleman*

COST LIMIT : \$ 25.00

ORDER DATE : June 9, 2008

ORDER TIME : 11:06 AM

ORDER NO. : 602314-010

CUSTOMER NO: 7592689

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BADE THERAPY SERVICES, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT# 2937

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
BADE THERAPY SERVICES, LLC

2. The Articles of Organization were filed on 06/08/2007 and assigned document number  
L07000060523

3. The date the dissolution was approved: 6/7/08

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).

NO MEMBERS - TERMINATION PARAGRAPH 6.000

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

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phyllis Decker  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILING FEE: \$25.00