

LO7000009549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

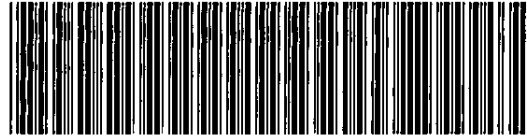
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Therapy, Center for Speech Language
(Name of Limited Liability Company) & Learning, LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following: (2 people)

<u>Remai Eckhardt</u> (Name of Person)	<u>Shannon McIntyre</u>
<u>Castle Therapy, LLC</u> (Firm/Company)	<u>PO Box 3946</u>
<u>169 Tequesta Dr. NE</u> (Address)	<u>Tequesta, FL</u>
<u>Tequesta, FL 33469</u> (City/State and Zip Code)	<u>33469</u>

For further information concerning this matter, please call:

Remai Eckhardt at (561) 747-8188
(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Integrative Therapy, Center for Speech Language & Learning

2. The Articles of Organization were filed on 7-3-07 and assigned document number

LO7000069549.

3. The date the dissolution was approved: 9-10-10

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).

Members have decided to pursue different
Career paths & for business ventures. Remaining
money in bank will pay accountants fees
when all invoices have been paid for from
Medicaid & Thibault family.

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. 608.441.

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.

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Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]
Remai Eckhardt

Shannon McIntyre
Remai Eckhardt