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T. CLINE

JAN 2 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	4a
SUBJECT: Sunshine Healing Arts (Name of Limited)	Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted Please return all correspondence concerning this matter to the	-
	-
Dr. Fran Orenste (Name of Sunshine Heali) (Firm/O	
	each Blud dress)
Juncity Center (City/State a	FL 33573 and Zip Code) TALLES TOTAL TALLES TOTAL TOT
For further information concerning this matter, please call: Oc. Fran Ocenstein	ARE CAN THE AREA SERVICE AREA S
Dr. Fran Orenstein (Name of Person) Enclosed is a check for the following amount:	at (813) 746-183/SET PHONE Number PHONE
	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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				
Sunshine Healing Arts				
2. The Articles of Organization were filed on July a	15,2007	and assigned o	locumer	nt number
3. The date the dissolution was approved: Januar	4 15,200	Z .		
 A description of occurrence that resulted in the limited liabi 608.441, Florida Statutes, (copy 608.441 on back cover letter 	lity company's cer).	lissolution pursuar	itiosec	(()
The sole member cannot practic	e in the	State of	Elor	da .
and therefore dissolves the com	nany		SS	24
	/		m G	p :
			1017 1018	<u>.</u>
5. CHECK ONE:			7 <u>1</u> 1	15
Adequate provision has been made for the debts, of 6. All remaining property and assets have been distributed amorights and interests. 7. CHECK ONE: There are no suits pending against the company in a OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.	ong its members	in accordance with	h their r	espective
Signatures of the members having the same percentage of membe	rship interests ne	ecessary to approve	e the dis	solution:
Signature	Printed Name			
Dr. francleinte	Dr.	Fran Or	enst	PIN
				
	<u> </u>			

FILING FEE: \$25.00