

LD7000080091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

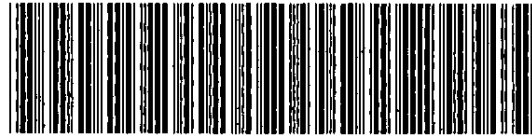
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700135323807

09/04/08--01019--002 \*\*55.00

FILED  
08 SEP -4 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEDICAL HEALING ARTS CENTER, 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:

William J. Spriet

(Name of Person)

MEDICAL HEALING ARTS CENTER, LLC

(Firm/Company)

3000 MARION COUNTY ROAD

(Address)

WEIRSDALE FL 32195

(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Spriet

(Name of Person)

at

(352) 750-5500 EXT 242

(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

08 SEP -4 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

MEDICAL HEALING ARTS CENTER, LLC

2. The Articles of Organization were filed on August 3, 2007 and assigned document number

607000080091

3. The date the dissolution was approved: February 01, 2008

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).

WRITTEN CONSENT OF ALL MEMBERS OF THE LIMITED  
LIABILITY COMPANY.

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

Gloria Austin

GLORIA AUSTIN