## LOTOCOOPACUL

(Requestor's Name)					
(Ad	dress)				
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
,					
(Document Number)  Certified Copies Certificates of Status					

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MyCorporation From the makers of QuickBooks

26520 Agoura Road Calabasas, CA 91302 Toll Free: 1-888-692-6771

Direct/Intil\*: 1-818-879-9079 | Fax: 1-818-879-8005 e-mail: info@mycorporation.com

June 30, 2008

Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Re: Articles of Dissolution: DJG THERAPY SERVICES, LLC

Enclosed are duplicate executed duplicate originals Articles of Dissolution for the above-referenced entity, as well as a check for \$25.00 as the appropriate fee.

Please return a letter of acknowledgment to the undersigned via UPS Account (3W46E4).

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings.
My Corporation Business Services, Inc.
26520 Agoura Road
Calabasas, CA 91302

PLEASE DIRECT ALL QUESTIONS REGUARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 888.692.6771.

## **COVER LETTER**

го:	Registration Se Division of Cor				
SUBJI	ECT: DJG TH	ERAPY SERVICES, L			
		(Name of Li	mited Liability Company)		
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		Post-Formation Filings			
			Name of Person)		
	MyCorporation				
	(Firm/Company)				
	26520 Agoura Rd.				
	(Address)				
	Calabases California 01202				
	Calabasas, California 91302 (City/State and Zip Code)				
			•		
For fu	rther information	concerning this matter, please	call:	,	
		Post Formations	at ( 888 ) 692-6	S771	
		(Name of Person)	at ( 000 ) 092-0		
		•			
Enclose	ed is a check for the	following amount:		_	
<b>√</b> \$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)	
	· MAI	LING ADDRESS:	STREET/COL	RIER ADDRESS:	
		stration Section	Registration Sec		
	Divis	sion of Corporations	Division of Cor	porations	
		Box 6327 hassee, FL 32314	Clifton Building 2661 Executive		
	i alla	1143300, 1 L J4J17	2001 DACCULITE		

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	16 P
DJG THERAPY SERVICES, LLC	
2. The Articles of Organization were filed on	09/07/2007 and assigned document number
3. The date the dissolution was approved: June 26, 2	
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)	d liability company's dissolution pursuant to section er letter).
Upon the written consent of all the members of t	he limited liability company
5. CHECK ONE:	
OR-	nited liability company have been paid or discharged.  bts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distribute rights and interests.	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution
Signature	Printed Name
) df ff som	David Crawford, Member
- Janes Dernis	Janeze Dennis, Member
Theya Rose	Gregory Rose, Member
<i>G</i> .	