

L0800000000071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

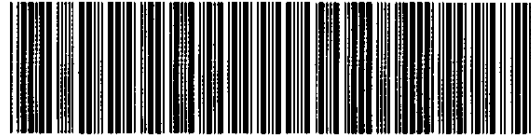
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300182986923

07/08/10--01018--012 **25.00

FILED
2010 JUL -8 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 9 2010

EXAMINER

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: The Practice, 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:

Alison Strange, Esquire

(Name of Person)

Bret Jones, P.A.

(Firm/Company)

700 Almond Street

(Address)

Clermont, Florida 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Alison Strange

(Name of Person)

at (352) 394-4025

(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
2010 JUL -8 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
The Practice, LLC

2. The Articles of Organization were filed on December 31, 2007 and assigned document number
L08000000071

3. The date the dissolution was approved: June 18, 2010

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).

Company is no longer in business

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

Andrew DeClercq
DC 2

Andrew DeClercq

Daniel Cross, Jr.

FILED

ACTION BY WRITTEN CONSENT OF MEMBERS 2010 JUL -8 PM 10 45

of

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE PRACTICE, LLC
(Annual Minutes)

The undersigned, being all of the Members holding at least a majority capital interest in THE PRACTICE, LLC, a Florida limited liability company (the "Company"), do hereby take and adopt the following action in writing, without a meeting;

RESOLVED, that all the numerous acts and transactions which have been validly taken or made for and on behalf of the Company by the Managers since its formation and prior to the date of this Action, are hereby affirmed and ratified;

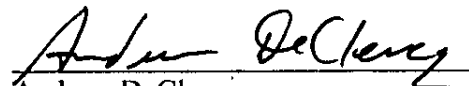
FURTHER RESOLVED, that the Members have elected to dissolve the Company and that the bank account(s) of the Company shall, after all expenses of dissolution are paid, be distributed equally between the Members.

Dated: June 18, 2010

MEMBERS



Daniel Cross



Andrew DeClercq