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SLEKELARY OF STATE

ALLARIAS MELET DOD.

K.SALY EXAMINER JUN 6 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DISSOLUTION (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:
BEN LERNER (Name of Person)
CELEBRATION FAMILY CHIROPRACTIC
604 FRONT ST. (Address)
CELEBRATION FL 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
SHERI LERNER at (610) 390-5394 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee
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

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SEGNETARY C TALLAHASSEE	OF STATE, FLORIDA

1. The name of a limited liability company is	RTNERS, LLC
GALAXYI PA	RTNERS, LLC
2. The Articles of Organization were filed on/	- 16 - 2008 and assigned document number
3. The date the dissolution was approved:	-1-12
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section er letter).
BUSINESS 15 N	O LONGER ACTIVE
5. CHECK ONE:	
- -OR-	nited liability company have been paid or discharged. bbts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distribut rights and interests. 	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of r	nembership interests necessary to approve the dissolution:
Signature	Printed Name
A. Bon Lew	BENJAMIN LERNER
	GREG LOMAN