

LD8000011764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

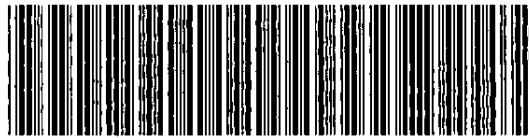
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 FEB -8 AM 11:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

FEB 9 - 2010

EXAMINER

200 Doctors Drive
Panama City, FL 32405
Phone: 850-784-7724
Fax: 850-784-4711



710 Hospital Drive
Crestview, FL 32539
Phone: 850-398-8480
Fax: 850-398-8482

January 29, 2010

To Whom it May Concern:

Please review the paper work to dissolve Physician's Wellness and Weight Loss, LLC.

If you have any questions, please feel free to contact me at the number above, ext. 230. Also, please send reply to Crestview address and not the Panama City address.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Barr". The signature is fluid and cursive, with a large initial "R" and "B".

Rachel Barr

Office Administrator

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physicians Wellness and Weight Loss, 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:

MICHAEL D. GILMORE

(Name of Person)

PHYSICIAN WELLNESS AND WEIGHT LOSS, LLC

(Firm/Company)

710 HOSPITAL DRIVE

(Address)

CRESTVIEW, FL 32539

(City/State and Zip Code)

For further information concerning this matter, please call:

DALE E. VEITCH

(Name of Person)

at (386) 566-7249

(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**

1. The name of a limited liability company is

PHYSICIANS WELLNESS AND WEIGHT LOSS, LLC

2. The Articles of Organization were filed on FEBRUARY 1, 2008 and assigned document number L08000011766

3. The date the dissolution was approved: 12/29/2009

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).

Not reasonably practicable to carry on the business of the limited liability company
in conformity with the articles of organization or the operating agreement.

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

MICHAEL D. GILMORE