

**L08000020680**

Kim Johnston DC  
(Requestor's Name)

248 Seamist Ct  
(Address)

(Address)

Ponte Vedra Beach, FL 32082  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

Premier Chiropractic & Wellness Center  
(Business Entity Name)

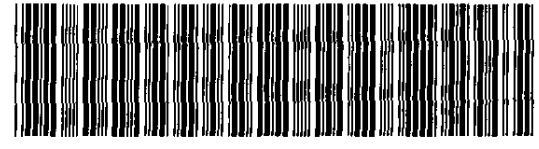
L08000020680  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**300211703423**

09/06/11--01021--028 \*\*43.75

~~I pd \$43.75~~  
~~Does that cover fee~~  
~~in it's entirety.~~  
*Handwritten signature*

J. SAULSBERRY  
EXAMINER

SEP 29 2011

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Business

**DOCUMENT NUMBER:** L08 0000 20680

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim M. Johnston, D.C.  
(Name of Contact Person)

Premier Chiropractic & Wellness Center  
(Firm/Company)

2711 University Blvd. N.  
(Address)

Jacksonville, FL 32211  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim M. Johnston, D.C. at ( 904 ) 874-7555 cell.  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Premier Chiropractic & Wellness Center

2. The Articles of Organization were filed on 2/27/2008 and assigned document number

108600020680

3. The date the dissolution was approved: \_\_\_\_\_

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).

I closed my office due to inability to maintain overhead, rent, and as a solo provider, wearing too many hats, closed office to work for someone else.

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 section 608.441.

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.

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Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature  
Kim Johnston

Printed Name

Kim M. Johnston, D.C.