## 41815000801

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**EXAMINER** 



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SECRETARY OF STATE OIVISION OF GORFORATION

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: SKY THERAPY, LLC	
	mited Liability Company)
The enclosed Articles of Dissolution and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Kelly Denney	
(	Name of Person)
SKY THERAPY, LLC	
	Firm/Company)
626 Bosphorous Ave	
	(Address)
Tampa, FL 33606	•
(City	/State and Zip Code)
For further information concerning this matter, please	call:
Kelly Denney	at ( 813 ) 251-8584
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 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:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 03 L08000027864	3/18/2008 and assigned document numb
3. The date the dissolution was approved: 04/2	9/2010
	e limited liability company's dissolution pursuant to section
5. CHECK ONE:	
All debts, obligations and liabilities of	f the limited liability company have been paid or discharged.
Adequate provision has been made fo	r the debts, obligations and liabilities pursuant to s. 608.4421.
Adequate provision has been made fo	r the debts, obligations and liabilities pursuant to s. 608.4421. istributed among its members in accordance with their respecti
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