## L08000065270

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| All                                     |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (radiess)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
| ·                                       |  |  |  |  |  |
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12 MAR -6 PM I2: 06 RODEL AND OF STATE ALL AHASSEF FLORING

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                      |  |  |  |  |  |
|--|--|--|--|--|--|
| SUBJECT: _   | achievement Physical Therapy, LLC  |  |  |  |  |
| (Name of Limited Liability Company)  |  |  |  |  |  |
|  |  |  |  |  |  |
| The enclosed A   | rticles of Dissolution and fee(s) are submitted for filing.  |  |  |  |  |
| Please return al   | correspondence concerning this matter to the following:  |  |  |  |  |
|  |  |  |  |  |  |
|  | (Name of Person)   |  |  |  |  |
| (Name of Person)   |  |  |  |  |  |
| ∩(A  |  |  |  |  |  |
| (Firm/Company)   |  |  |  |  |  |
| 12922 Ellisso Wikon Rd   |  |  |  |  |  |
| 12922 Ellison Wilson Rd<br>(Address)   |  |  |  |  |  |
|  | NPB FC 33408 (City/State and Zip Code)   |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |  |
| For further info   | rmation concerning this matter, please call:   |  |  |  |  |
|  |  |  |  |  |  |
| David Light at (501) 876-4022  (Name of Person) (Area Code & Daytime Telephone Number) |  |  |  |  |  |
|  | (Med Code & Daytime Telephone Number)  |  |  |  |  |
|  | ck for the following amount:   |  |  |  |  |
| \$25.00 Filing F   | See 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |  |  |  |  |
|  | MAILING ADDRESS: STREET/COURIER ADDRESS:   |  |  |  |  |
|  | Registration Section 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

FILED

| 1. 701  |                                  |                   | 12 MAR -6 PM 12: 06          |
|---|----------------------------------|-------------------|------------------------------|
| 1. The name of a limited liability company is   | 01 1                             | $\mathcal{T}_{i}$ | ATTAMARY OF STATE            |
| Uchievement f   | Physical                         | Therapy!          | MASSEE, FLORIDA              |
| 2. The Articles of Organization were filed on   | 1/7/08                           | and               | d assigned document number   |
| LØ8ØØØØ6527Ø.   |                                  |                   |                              |
| 3. The date the dissolution was approved: 218   | 12                               |                   |                              |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov | ed liability con<br>ver letter). | npany's dissolu   | tion pursuant to section     |
| We were unable to get that  | Coupany                          | of the gr         | and we                       |
| do not have tax id or bank  | accsints,                        | thee has          | been                         |
| no actuate or business with   | in this in                       | enture.           |                              |
|   |                                  |                   |                              |
| 5. CHECK ONE:   |                                  |                   |                              |
| All debts, obligations and liabilities of the lin OR- Adequate provision has been made for the de               | •                                |                   | •                            |
| 6. All remaining property and assets have been distributing rights and interests.                               | ed among its                     | members in acco   | ordance with their respectiv |
| 7. CHECK ONE:   |                                  |                   |                              |
| There are no suits pending against the compa  | any in any cou                   | rt.               |                              |
| OR- Adequate provision has been made for the same entered against it in any pending suit.                       | tisfaction of a                  | ny judgment, or   | der or decree which may be   |
| ignatures of the members having the same percentage of n  | namharchin in                    | tarasts nacessar  | y to approve the dissolution |
| remarkers of the memoers having the same percentage of h  | nemoersmp m                      | iciesis necessai  | y to approve the dissolution |
| Signature   |                                  | Priı              | nted Name                    |
|   |                                  | Oansid .          | / idet                       |
|   |                                  | Dowid<br>Brian E  | Cagar                        |
| 1/2//   |                                  | Brian E           | Sorth                        |
|   |                                  |                   |                              |
|   |                                  |                   |                              |
|   |                                  |                   |                              |
|   |                                  |                   |                              |
|   |                                  |                   |                              |