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EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Daytona Spine & Rehab, P.L.	
(Name of Limited Liability Company)	
\cdot	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
to the total and consequence volumenting and maken to the total mag.	
James C Antos, D.C.	
(Name of Person)	
Daytona Spine & Rehab, P.L.	
(Firm/Company)	
569 Health Blvd	4
(Address)	The same
Daytona Beach, Fl. 32114	· ¡
(City/State and Zip Code) يَعَالَى الْعَالَى الْعَالَى الْعَالِيَّ الْعَالَى الْعَالَى الْعَالَى الْعَالَى الْعَالَى الْعَالِيَّةِ الْعَالَى الْعَالَى الْعَالَى الْعَالَى الْعَالَى الْعَالِيَّةِ الْعَالَى الْعَالَى الْعَالَى الْعَالَى الْعَالَى الْعَالِيَّةِ الْعَالِمِينِ الْعَالَى الْعَالَى الْعَالِمُ الْعَلَى الْعَالِمُ الْعَلَى الْعَلِيْكِ الْعَلَى الْعَلِيْكِ الْعَلَى الْعَلَى الْعَلَى الْعَلَى الْعَلَى الْعَلَى الْعَلِي الْعَلَى الْعَلِي الْعَلَى الْعَلَى الْعَلَى الْعَلَى الْعَلَى الْعَلَى الْعَلِي الْعَلَى الْعَلِي الْعَلِي الْعَلِي الْعَلَى الْعِلَى الْعِلَى الْعَلِي الْعَلِي الْعَلِي الْعَلِي الْعَلِي الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلِي الْعِلَى الْعَلِي الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلِي الْعَلِي الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلَى الْعِلِي الْعِلِي الْعِلِي الْعِلِي الْعِلِي الْعِلَى الْعِلَى الْعِلِي الْعِلِي الْعِلِي الْعِلِي الْعِلِي الْعِلَى الْعِلَى الْعِلِي الْعِلِي الْعِلِي الْعِلِي الْعِلَى الْعِلَى الْعِلْمِ الْعِلِي الْعِلِي الْعِلْمِ الْعِلَى الْعِلْمِ الْعِلْمِ الْعِلِي الْعِلِي الْعِلِي الْعِلْمِ الْعِلْمِ الْعِلْمِ الْعِلْمِ الْعِلْمِ الْعِلْمِ الْعِلْمِ الْعِلْمِ الْعِلِي الْعِلْمِ الْعِلْمِ الْعِلِي الْعِلِي الْعِلْمِ الْعِلْمِ الْعِلْمِي الْعِلْمِ الْعِلْمِ	Mission of the Contract of the
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For further information concerning this matter, please call:	
James C. Antos, D.C. _{at (} 386 ₎ 258-9800	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
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(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
(auditional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	
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P.O. Box 6327 Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Solution State St	ument numb	ume		
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant 608.441, Florida Statutes, (copy 608.441 on back cover letter). Business Closed 5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or down of Adequate provision has been made for the debts, obligations and liabilities pursuant to some first and interests. 6. All remaining property and assets have been distributed among its members in accordance with the 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 entered against it in any pending suit. Signature Signature Printed Name				
All debts, obligations and liabilities of the limited liability company have been paid or decorate provision has been made for the debts, obligations and liabilities pursuant to secondaries. 6. All remaining property and assets have been distributed among its members in accordance with the 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 entered against it in any pending suit. gnatures of the members having the same percentage of membership interests necessary to approve the signature. Printed Name	section	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). Business Closed 5. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharge or		
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James C Antos, D.C.				
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