208000102489

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	•		

Office Use Only



100186300781

10/06/10--01015--008 **60.00

FILED
2010 OCT -6 AM 10: 34
SEGGETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 7 2010

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Superior Injury Center 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:		
James R. Shelburne O.O. (Name of Person) Superior Injury Center, LLC. (Firm/Company)	2010 0	à.,
92	CT -	riverse.
1779 W. Hillsborough Ave.	2010 OCT -6 AM 10: 34	
Tampa, FL. 33603 PM (City/State and Zip Code)	0: 3¢	***************************************
For further information concerning this matter, please call:		
Tyan M. Manes at (813) 5/6-6918 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:		

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

1. The name of a limited liability company is	A \ n
Superior Injury	Center, LLC.
L08000102489	ermber 03, 2008 and assigned document number
3. The date the dissolution was approved:	7 -2010
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ted liability company's dissolution pursuant to section over letter).
Dere to changes in	State laws I decided to
close doors.	
5. CHECK ONE:	201 ALL
— "OR-	imited liability company have been paid or discharge
Adequate provision has been made for the c	lebts, obligations and liabilities pursuant to \$608.4421.
 All remaining property and assets have been distributing rights and interests. 	ated among its members in accordance with their respective
7. CHECK ONE:	ORAL CONTRACTOR
There are no suits pending against the comp	ο της court
-OR-	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
	1 PC
	JAWSS R. SHELBURNE, D.C.
	•