

LOG 0000 17803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700161445717

10/09/09--01012--011 \*\*30.00

FILED  
2009 OCT -9 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS  
OCT 12 2009  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACCIDENT RECOVERY 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:

Y. DRAKE BUCKMAN, II ESQ.

(Name of Person)

Buckman & Buckman, P.A.

(Firm/Company)

3333 Clark Road Suite 190

(Address)

Sarasota, FL 34231

(City/State and Zip Code)

FILED  
2009 OCT -9 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Y. Drake Buckman, II at ( 941 ) 923-7700  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 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:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

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

ACCIDENT RECOVERY CENTER, LLC

2. The Articles of Organization were filed on 02/23/2009 and assigned document number L09000017803

3. The date the dissolution was approved: June 26, 2009

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).

Upon the written consent of the majority members

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.

FILED  
2009 OCT 28 AM 10:58  
STATE OF FLORIDA  
TALLAHASSEE

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

Signature

Printed Name

[Signature]  
[Signature]

Richard Rehmayet 30%

DAVID ZANIKOFF 25%

55%  
MAJORITY OWNERS

FILING FEE: \$25.00