LD900030852

	(Request	tor's Name)	
	(Address	s)	
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JUN - 1 2011

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11 MAY 27 PH 2: 48
SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BODY HEALTHCARE 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:			
OSCAR PEREZ GARCIA			
(Name of Person)			
BODY HEALTHCARE CENTER,LLC			
(Firm/Company)			
8313 W HILLSBOROUGH AVE SUITE 150			
(Address)			
TAMPA FL 33615			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
OSCAR PEREZ GARCIA at (813) 886-8877			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee 30.00 Filing Fee & Sertificate of Status Section			
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 BODY HEALTHCARE CENTER	,LLC
2. The Articles of Organization were filed on 0 L09000030852	and assigned document number
3. The date the dissolution was approved: MA	Y,13,2011
	ne limited liability company's dissolution pursuant to section back cover letter).
☐-OR-	of the limited liability company have been paid or discharged. or the debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been orights and interests. 	distributed among its members in accordance with their respective
7. CHECK ONE:	
 ✓ There are no suits pending against th	or the satisfaction of any judgment, order or decree which may be
ignatures of the members having the same percent	tage of membership interests necessary to approve the dissolution:
Signature	Printed Name
	OSCAR PEREZ GARCIA
	CARE MAY
	MAY 27 PH 2: CHETARY OF STATE LAHASSSEE, FLOR
	- From 2: C
	ORT :

FILING FEE: \$25.00