

LD9000060039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/07/03--01011--024 **25.00

FILED
10 MAR -2 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
DEL 8/2009
EXAMINER

S. HAWKES
MAR - 3 2010
EXAMINER

W

Ms Hawkes,

Thank you for your time in helping me on the phone today.

As mentioned, I am reminding you about the \$25.00 fee that you still hold and will apply to the dissolution of Therapy Holdings LLC.

Thank you

Lawrence Costa

561 429 6160



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2009

LAWRENCE COSTA
1411 WESTCHESTER DR N
WEST PALM BEACH, FL 33417

SUBJECT: THERAPY HOLDINGS, LLC
Ref. Number: L09000060039

We have received your document for THERAPY HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00037435

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Therapy Holdings, 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:

Lawrence Costa

(Name of Person)

(Firm/Company)

1411 Westchester Dr North

(Address)

West Palm beach FL 33417

(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Costa

(Name of Person)

at (646) 296-3533

(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

Therapy Holdings LLC

2. The Articles of Organization were filed on June 22, 2009 and assigned document number

L09000060039

3. The date the dissolution was approved: Feb 1, 2010

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 was never conducted, opened, or
operated.

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 s. 608.4421.

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.

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

Signature

Printed Name

Lucy Costa
Lawrence Costa

Lucy Costa.
Lawrence Costa.