

L09000070130

(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:

A. LUNT

APR 21 2010

EXAMINER

Office Use Only



300202270693

04/19/11--01012--025 **30.00

FILED
2011 APR 19 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National 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:

Albert Ford D.O.

(Name of Person)

National Injury Center LLC

(Firm/Company)

5416 Village Ln

(Address)

Land o lakes, FL 34638

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 19 PM 3:17

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For further information concerning this matter, please call:

Albert Ford D.O.

(Name of Person)

at (813) 334-2654

(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

FILED
2011 APR 19 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
NATIONAL INJURY CENTER, LLC

2. The Articles of Organization were filed on **07/21/2009** and assigned document number
L09000070130

3. The date the dissolution was approved: **04/13/2011**

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 has been closed and not functioning.

The sole member, Albert Ford D.O., is no longer willing to keep the business in his name or transfer ownership, therefore dissolution of the business has been requested.

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

Albert Ford D.O.

Printed Name

Albert Ford D.O.