

LO9000072087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2009 AUG 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPINAL REHAB SOLUTIONS, L.L.C.
(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:

DOROTHY JOHNSON

(Name of Person)

DIVERSIFIED TAXES & FINANCIAL SERVICES, INC.

(Firm/Company)

13154 SPRING HILL DR.

(Address)

SPRING HILL, FL 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

DOROTHY JOHNSON

(Name of Person)

at (352) 683-5198

(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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

SPINAL REHAB SOLUTIONS, L.L.C.

2. The Articles of Organization were filed on JULY 28, 2009 and assigned document number L09000072087

3. The date the dissolution was approved: JULY 30, 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).

COMPANY NEVER INTENDED TO OPEN. WAS GATHERING INFORMATION
AND UNKNOWN TO THE PARTNERS, THIS PARTNERSHIP WAS FORMED
NAME IS ALSO TRADEMARKED, AND OWNER OF TRADEMARK IS ASKING
THAT THIS NAME BE DISOLVED

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.

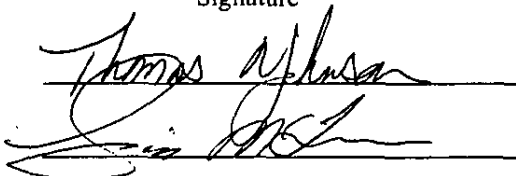
7. CHECK ONE:

- ☒ 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



THOMAS JOHNSON

TIMOTHY MCLAREN

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2009 AUG 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA