

L09000078893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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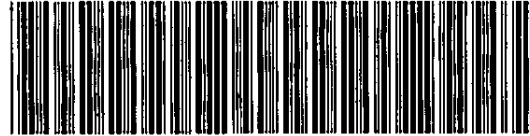
(Business Entity Name)

(Document Number)

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04/22/16--01013--022 **25.00

FILED
2016 APR 22 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

APR 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Julie M. Rego 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:

Julie M. Rego
(Name of Person)

Julie M. Rego LLC
(Firm/Company)

430 17th Street NW
(Address)

Naples, FL 34120
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie M. Rego at (239) 595-8669
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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
2016 APR 22 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Julie M. Rego, LLC

2. The Articles of Organization were filed on 08-14-2009 and assigned

document number L09000078893

3. The delayed effective date the dissolution if not effective on the date of filing: May 1, 2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

I, Julie M. Rego, was hired AS A Full time clinician
at Florida Gulfcoast university and no longer have
time in my schedule for Private Practice.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Julie M. Rego

430 17th Street NW

Naples, FL 34120

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Julie M. Rego
Signature

Julie M. Rego
Printed Name

FILING FEE: \$25.00