

L0900004482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

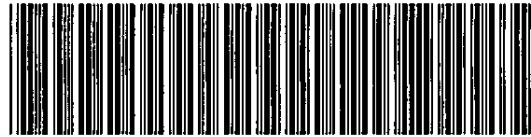
Special Instructions to Filing Officer:

A. LUNT

FEB 23 2011

EXAMINER

Office Use Only



900222428549

FILED
2012 FEB 22 AM 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/22/12--01015--007 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMY GALVAN ACUPUNCTURE ORIENTAL MEDICINE, 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:

AMY GALVAN
(Name of Person)
AMY GALVAN
(Firm/Company)
5201 SW. 91ST DRIVE SUITE A
(Address)
GAINESVILLE, FLORIDA 32608
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 22 AM 8:09

FILED

For further information concerning this matter, please call:

AMY GALVAN at (352) 327-3561
(Name of Person) (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

2012 FEB 22 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1. The name of a limited liability company is

AMY GALVAN ACUPUNCTURE & ORIENTAL MEDICINE, LLC

2. The Articles of Organization were filed on 10-28-2009 and assigned document number

L09000104482

3. The date the dissolution was approved: 12-31-2011

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).

WRITTEN CONSENT OF ALL MEMBERS OF THE LLC ON
12-31-2011.

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

✓ Amy Galvan
[Signature]

AMY GALVAN, MGR

ALBERTO GALVAN, MGR & RESIDENT AGENT