# L09000004482

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**EXAMINER** 

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## **COVER LETTER**

Division of Corporations
SUBJECT: ANY GALVAN ACOPUNCTURES 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:
Any GALVAN (Name of Person)  ANY GALVAN (Name of Person)
(Name of Person)  ARE TO ARE T
リュ・・ / オ・5 4 )
(Firm/Company)
5201 SW. 91ST DRIVE SUITER (Address)
(Address)
GAINESUILLE, FLORIDA 32608 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (35) 327-3561 (Area Code & Daytime Telephone Number)
, , , , , , , , , , , , , , , , , , , ,
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  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

Any GALJAN ACOPORTORE VORIGINAL MEDICINE LEG 4.  2. The Articles of Organization were filed on 10-28-2009 and assigned document number L 09 000104482  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. 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.  Printed Name  NMY GLUAR MERN RES DE	1. The name of a limited liability company is	M = 2
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**FILING FEE: \$25.00**