

L10000002878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

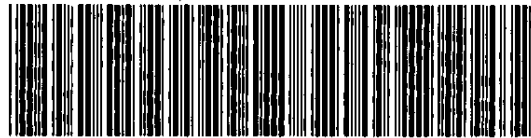
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900181843759

06/14/10--01056--012 **52.50

07/06/10--01003--007 **7.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 AUG -2 AM 9:54

FILED

C. LEWIS

AUG - 3 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2010

RODNEY FOUNTAIN, D.C.
CHARLOTTE CHIRO AND REHABILITATION CTR
4832 EDEN VIEW CT.
ORLANDO, FL 32810

SUBJECT: CHARLOTTE CHIRO AND REHABILITATION CENTER LLC
Ref. Number: L10000002878

We have received your document for CHARLOTTE CHIRO AND REHABILITATION CENTER LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00014868



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2010

RODNEY FOUNTAIN, D.C.
CHARLOTTE CHIRO AND REHABILITATION CTR
4832 EDEN VIEW CT.
ORLANDO, FL 32810

SUBJECT: CHARLOTTE CHIRO AND REHABILITATION CENTER LLC
Ref. Number: L10000002878

We have received your document for CHARLOTTE CHIRO AND REHABILITATION CENTER LLC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 510A00014868

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charlotte Chiro and Rehabilitation 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:

Dr. Rodney E. Fountain
(Name of Person)
4832 Eden View Ct.
(Address)
Orlando, FL. 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Rodney Fountain, DC at 850.485-16749
(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)

Already Paid
2/6/09

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

* I incorrectly filed form for INC. previously
Please see correct form for LLC attached.
Dr. Fountain
7-29-10

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2010 AUG -2 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Charlotte Chiro and Rehabilitation Center, LLC

2. The Articles of Organization were filed on 1-9-10 and assigned document number

L10000002878

3. The date the dissolution was approved: 5-21-10

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).

Clinic closed - Dissolution of LLC hereby has the written consent
of the sole member, Rodney E. Fountain D.C.

Rodney E. Fountain D.C.

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

Rodney E. Fountain D.C. (100%)

Printed Name

Rodney E. Fountain, D.C.