

L10 000020040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

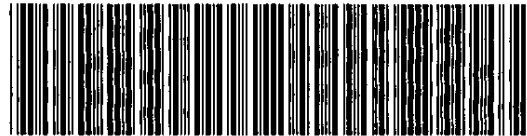
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Office Use Only

G. MCLEOD

SEP 9 - 2010

EXAMINER



200184943592

09/07/10--01011--019 **25.00

FILED
10 SEP - 7 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FERNANDEZ PHYSICAL THERAPY CLINIC 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:

ARIEL FERNANDEZ

(Name of Person)

FERNANDEZ PHYSICAL THERAPY CLINIC LLC

(Firm/Company)

4353 W. WATERS AVE

(Address)

TAMPA, FLORIDA, 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

ARIEL FERNANDEZ

(Name of Person)

at (813) 446-0339

(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**

1. The name of a limited liability company is

FERNANDEZ PHYSICAL THERAPY CLINIC LLC

2. The Articles of Organization were filed on 02/22/2010 and assigned document number L10000020040.

3. The date the dissolution was approved: 09/01/2010.

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).

OUT OF BUSINESS

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.

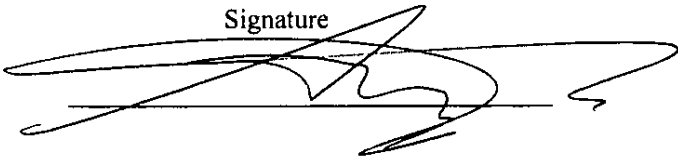
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

ARIEL FERNANDEZ

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00