

LI 00000033846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

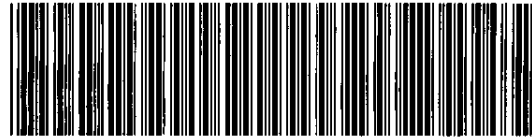
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800189058878

01/03/11--01029--019 **30.00

FILED
2011 JAN - 3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FL 32310
T. CLINE
JAN - 4 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Coverage 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:

Jonathan P. Cohen
(Name of Person)

(Firm/Company)

1700 NE 3rd St, Apt 23
(Address)

Ft. Lauderdale, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan P. Cohen at (305) 389-0314
(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

2011 JAN - 3 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Coverage Clinic LLC

2. The Articles of Organization were filed on

3/29/2010

and assigned document number

L10000033846

3. The date the dissolution was approved:

9/3/2010

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).

Written consent of all members of The Coverage Clinic LLC pursuant to 608.441(1)(c)

5. CHECK ONE:

☒ There has never been any debts, obligations or liabilities incurred.
☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
☐ -OR- The business never commenced.
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.442

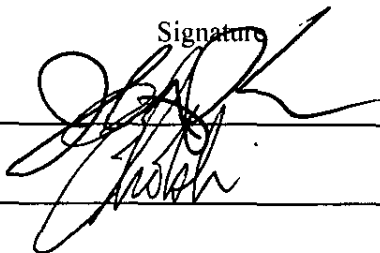
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Jonathan P. Cohen
SAURIN CHOKSHI