

L10000039882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

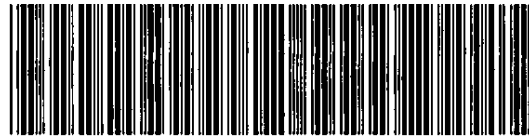
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/06/10--01001--001 **7.50

06/14/10--01056--010 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 30 PM 4:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Chiro. and Rehab 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)

(Firm/Company)

4832 Eden View Ct.
(Address)

Orlando, FL. 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Rodney E. Fountain, D.C. (Name of Person) (850) 485-6749 (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
\$60.00*

(see attached copy of \$7.50 money order - Total \$60.00)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 16, 2010

RODNEY FOUNTAIN, DC
4832 EDENVIEW CT
ORLANDO, FL 32810

SUBJECT: FLORIDA CHIRO AND REHAB CENTER LLC
Ref. Number: L10000039882

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

There is a balance due of \$7.50. 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 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00014851



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 JUL 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 2, 2010

RODNEY FOUNTAIN, DC
4832 EDENVUE CT
ORLANDO, FL 32810

SUBJECT: FLORIDA CHIRO AND REHAB CENTER LLC
Ref. Number: L10000039882

We have received your document for FLORIDA CHIRO AND REHAB CENTER LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 610A00014851

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 30 PM 4:17

1. The name of a limited liability company is

Florida Chiro and Rehab Center LLC

2. The Articles of Organization were filed on 4-20-10 and assigned document number

L10000039882

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 written consent
of sole member, Rodney E. Fountain, D.C.

Rodney E. Fountain

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.