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COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	IPS of Stockbridge, LLC			
	(Name of L	imited Liability Company	<i>(</i>)	
•				
The enclosed	Articles of Dissolution and fee(s) are su	bmitted for filing.		
Please return	all correspondence concerning this matte	er to the following:		
	Jay Hermoyian			
		(Name of Person)		
	Innovative Pain Solution	ns, LLC		**************************************
		(Firm/Company)		
	5700 Midnight Pass Ro	oad, STE 4		AY-5 PH ETARY OF HASSEE, FI
		(Address)		-5 SSEE
	Sarasota, FL 34242			TES T
	(Cit	y/State and Zip Code)		Owice 1
For further in	formation concerning this matter, please	call:		A
Jav	y Hermoyian	et (941	209-4443	
<u></u>	(Name of Person)	(Area Cod	le & Daytime Telephone l	Number)
Enclosed is a c	heck for the following amount:			
\$25.00 Filin	g Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certificates enclosed) Certified	D Filing Fee, te of Status & Copy nal copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto	ET/COURIER AI tration Section on of Corporations in Building Executive Center C	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

company's dissolution pursuant to section of the se
tity company have been paid or discharged.
lity company have been paid or discharged.
lity company have been paid or discharged.
lity company have been paid or discharged.
lity company have been paid or discharged.
ations and liabilities pursuant to s. 608.4421.
court. of any judgment, order or decree which may be
p interests necessary to approve the dissolution:
Printed Name
Carl R. Noback