10000043263

(Re	questor'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:		





000239876540

09/24/12--01035--002 **25.00



J. BRYAN
SEP 2 5 2012
EXAMINER

COVER LETTER .

TO: Registration Section Division of Corporations			
SUBJECT: GSW CLINIC LLC			
(Name of Limited Liability Company)			
(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: [Name of Person]			
Joseph V. Wolfersberger, III (Name of Person)			
GSW Clinic LLC (Firm/Company)			
P.O. Box 47125 (Address)			
Tax, The 32247 - 7125 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Toseph V, Wolfersberger at (904) 4449381 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: S25.00 Filing Fee			

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 GSW CUNIC VVC	
2. The Articles of Organization were filed on 4/2-	and assigned document number
3. The date the dissolution was approved: $8/30$	12012 effective 9/30/2012
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
closed business opera-	tions due to lack of
business.	
5. CHECK ONE:	
All debts, obligations and liabilities of the li OR- Adequate provision has been made for the d	mited liability company have been paid or discharged. cbts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distriburights and interests.	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp OR- Adequate provision has been made for the seen tered against it in any pending suit.	any in any court. atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Janua Jan.C.	Joseph V. Wolfersbeger III

FILING FEE: \$25.00