# L10000097033

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Γ'''		
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETATIVE STATE

EXAMINER

DCT 26 2010

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pain Rehab Institute 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:	
Elisabeth Walker-Hernandez (Name of Person)	
(Firm/Company)  PO Box 6298 C/O Auth # 2007/03  (Address)  Tallahassee, FL 323/4  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)	TI
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  S55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  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	y is			
Pain Rehab Institute,	LLC			
2. The Articles of Organization were filed of	on <u>9/14/2010</u>	an	d assigned docum	ent number
L10000097033				
3. The date the dissolution was approved: _	10/13/2010	····································		
4. A description of occurrence that resulted 608.441, Florida Statutes, (copy 608.441	in the limited liability con back cover letter).	ompany's dissolu	ition pursuant to se	ection
Decided not to persue				
			<u> </u>	2010
			<u> </u>	8 7
			<i>5</i> ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ± 0 ±	2 (-
5. CHECK ONE:			SEC Y	о I — П
✓ All debts, obligations and liabilit	ties of the limited liabilit	y company have	been paid or disch	ıarg <b>ed</b> .
Adequate provision has been ma				-
<ol><li>All remaining property and assets have b rights and interests.</li></ol>	een distributed among it	s members in acc	cordance with their	respective
7. CHECK ONE:				
There are no suits pending again	st the company in any co	ourt.		
OR- Adequate provision has been ma entered against it in any pending	de for the satisfaction of suit.	any judgment, o	order or decree whi	ch may be
Signatures of the members having the same per	rcentage of membership	interests necessa	ry to approve the	dissolution:
Signature		Pri	inted Name	
Estato Ne reinardy	-	Elisabeth	n Walker-t	<u>le (nande</u> :
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