

L10000 115484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

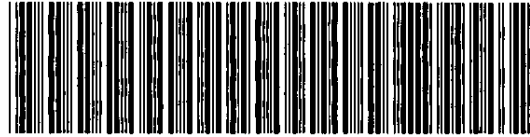
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000262952460

08/07/14--01014--019 \*\*25.00

14 AUG - 7 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** North Florida Counseling 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:

Sherry Lange  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2344 Barcelona Ct.  
(Address)

Tallahassee, FL 32311  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Lange at 850, 363-1062  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution  
CHK # 1632

— \$55.00 Filing Fee, Certificate of Dissolution &  
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 is

North Florida Counseling Center

2. The Articles of Organization were filed on 11/5/2010 and assigned

document number L10000115484

3. The delayed effective date the dissolution if not effective on the date of filing: immediately  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Owner disabled

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Sherry Lange  
2344 Barcelona Ct  
Tallahassee, FL 32311

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Sherry Lange  
Signature

Sherry Lange  
Printed Name

**FILING FEE: \$25.00**

14 JUN - 7 PM 12:59  
TALLAHASSEE, FLORIDA