

L11000003771

(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



900195537279

02/22/11--01057--028 **25.00

FILED
2011 FEB 22 PM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 23 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO HEALTH & WELLNESS II, PL
(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:

MICHAEL W. GEMPEL
(Name of Person)

PRO HEALTH & WELLNESS, LLC
(Firm/Company)

1015 GATEWAY BLVD, SUITE 401
(Address)

BOYNTON BCH FL 33420
(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE GEMPEL at (877) 561-4248
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee

0.00 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)

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

FILED

2011 FEB 22 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

PRO HEALTH & WELLNESS II, PL

2. The Articles of Organization were filed on 1-7-11 and assigned document number

121 000003771

3. The date the dissolution was approved: 2-18-11

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).

See Attached

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 judgments, 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

Printed Name

X [Signature]

X JOHN S. WOLF, JR., MA
SOLE MEMBER

As stated on page 10 paragraph C of the original contract dated the 8th of Jan, 2011 it states that this contract can be terminated in accordance of the terms and conditions by both parties, John S. Wolf Jr. owner of Pro Health & Wellness II, PL and Medical Director of Pro Health & Wellness, LLC and Karl Vaeth Managing Member of Pro Health & Wellness, LLC have agreed on this date that both parties are under no obligation to said contract and mutually agree to terminate said contract immediately.

On this date Feb 17th, 2011 Pro Health & Wellness II, PL located at 1015 Gateway Blvd, Suite 401, Boynton Beach Florida 33426, Federal ID # 27-4485415 has been closed and dissolved.

FILED
2011 FEB 22 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADMINISTRATOR:

Pro Health & Wellness, LLC

By: 

Managing Member

OWNER

Pro Health & Wellness II, PL

By: 

John S. Wolf Jr., Managing
Member

MEDICAL DIRECTOR:


John S. Wolf Jr.