11000033723

(Re	questor's Name)		
(A.I.	don a - N		
(Add	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	☐ MAIL	
(Bu:	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special instructions to I	Filing Officer:		

L. SELLERS

Sept 9,2011

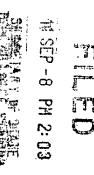
EXAMINER

Office Use Only



400211090674

08/18/11--01008--011 **25.00



From The Desk of

Lorraine A. Hamilton

1035 Gateway Boulevard #201-249 Boynton Beach, Florida 33426 (407) 704-9913 (561) 880-8385 lorraineknight@ymail.com



"There are no constraints on the human mind, no walls around the human spirit, no barriers to our progress except those we ourselves erect".

To: The Florida Department of State

Re: Palm Beach Advanced Medical Weight Loss Institute

Business Location: 1760 North Congress Avenue #200, Boynton Beach, Florida 33426

The enclosed, completed form is my request for a dissolution of the above named company (LLC).

If there are any questions, please do not hesitate to contact me at the above contact information provided.

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	_{.c.t.} Palm Beach Advanced Me	edical Weight Loss Institute		
00202				
The end	closed Articles of Dissolution and fee(s) are sul	bmitted for filing.		
Please	Division of Corporations CT: Palm Beach Advanced Medical Weight Loss Institute (Name of Limited Liability Company) losed Articles of Dissolution and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Lorraine Hamilton (Name of Person) Palm Beach Advanced Medical Weight Loss Institute (Firm/Company) 1760 No congress Avenue Suite #200 (Address) Boynton Beach, Florida 33426 (City/State and Zip Code) ter information concerning this matter, please call: Lorraine A. Hamilton (Name of Person) (Area Code & Daytime Telephone Number) is a check for the following amount: Filing Fee 30.00 Filing Fee & Certificate of Status Certificate of Status All LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building			
	Lorraine Hamilton			
		(Name of Person)		
Boynton Beach, Florida 33426				
(City/State and Zip Code)				
For fur	her information concerning this matter, please	call:		
	Lorraine A. Hamilton	at (
	(Name of Person)	(Area Code & Daytime Telephone Number)		
- ,	i is a check for the following amount:			
\$25.0		Certified Copy (additional copy is enclosed) Certified Copy		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on L11000053723		and assigned document number		
•	1	Litte		
3. The date the dissolution was approved: 7/15/2011 \$\frac{3}{20}\frac{1}{10}\				
There was no monetary agree	ements involved.			
5. CHECK ONE:				
All debts, obligations and liabilitie	s of the limited liability compa	ny have been paid or discharged.		
OR- Adequate provision has been made				
 All remaining property and assets have beer rights and interests. 				
7. CHECK ONE:				
There are no suits pending against	the company in any court.			
Adequate provision has been made entered against it in any pending su	e for the satisfaction of any judg ait.	gment, order or decree which may be		
gnatures of the members having the same perce	entage of membership interests	necessary to approve the dissolution:		
Signature		Printed Name		
11/	Lorrain	e A. Hamilton		
\		S		
	anne dicire (an averè e			
				
	FILING FEE: \$25.00	GO.		