

L11000064755

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H11000162620 3)))



H110001626203ABCT

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
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**LLC DISSOLUTION OR WITHDRAWAL
SOUTH POINT INJURY CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

11 JUN 20 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 JUN 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JUN 21 2011

EXAMINER

H11000162620

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANYFILED
17 JUN 20 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SOUTH POINT INJURY CENTER, LLC

2. The Articles of Organization were filed on
- 06-02-11
- and assigned document number

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3. The date the dissolution was approved:
- 06-20-11

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).

NOT ENOUGH BUSINESS

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.

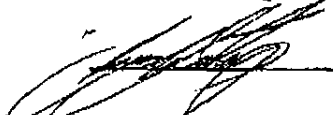
7. CHECK ONE:

- ☒
- There are no suits pending against the company in any court.
-
- OR-
-
- ☐
- Adequate provision has been made for the satisfaction of any judgment, 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



_____Juan Julio Santana

FILING FEE: \$25.00

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