14/1000093623

| (Requestor | 's Name) · | |
|---|------------------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/ | Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Business Entity Name) | | |
| • | | |
| (Document Number) | | |
| Certified CopiesC | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| A. LUNT | | |
| JAN 18 2011 | | |
| EXAMINER | | |
| Office Use Only | | |



900218229959

01/17/12--01051--011 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Thysician's Chirographic Center, L.C.
(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:

| Dr. Rodney Fountain, D.C. (Name of Person) | 2012 JAN | -77 |
|---|----------|-----|
| (Firm/Company) 4352 S. Kirkman Rd. #1214 | 17 RN 1 | |
| Orlando, FL. 32811 (City/State and Zip Code) | | |

For further information concerning this matter, please call:

Dr. Rodney Fourten Dc at (850) 485-6749
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

30.00 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

| Physicians Chiropratic Center, LLC | | |
|--|---|--|
| 2. The Articles of Organization were filed on | 8-15-11 and assigned document fumber | |
| L11000093623 | | |
| 3. The date the dissolution was approved: | 8-12 | |
| 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of | tited liability company's dissolution pursuant to section cover letter). | |
| Clinic never opened. | Please dissolve LLC Immediately. | |
| | | |
| | | |
| 5. CHECK ONE: | | |
| ☐-OR- | limited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. | |
| All remaining property and assets have been distril rights and interests. | outed among its members in accordance with their respective | |
| 7. CHECK ONE: | | |
| There are no suits pending against the com | npany in any court. | |
| | satisfaction of any judgment, order or decree which may be | |
| Signatures of the members having the same percentage of | of membership interests necessary to approve the dissolution: | |
| Signature | Printed Name | |
| K of Joseph | Lodovy Fountain Dic | |
| The same of the sa | 1,000 | |
| | | |
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