

L11000101855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

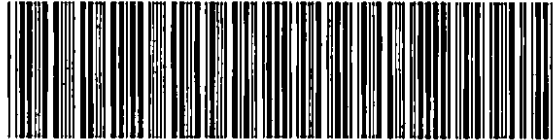
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600309478286

03/02/18--01019--026 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR -2 PM 1:09

B FIGUEROA

MAR 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simply Speech and Swallowing Therapy,
(Name of Limited Liability Company) LLC.

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Atkinson-Kern
(Name of Person)
Simply Speech and Swallowing Therapy, LLC
(Firm/Company)
166 Via de la Reina
(Address)
Merritt Island FL 32953
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Atkinson-Kern at (321) 302-6199
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$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

Simply Speech and Swallowing Therapy, LLC

2. The Articles of Organization were filed on 9/2/2011 and assigned

document number L11000101855

3. The delayed effective date the dissolution if not effective on the date of filing: 02/26/2018
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

DISSOLVED AS I TOOK A FULL TIME JOB
to benefit.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR -2 PM 1:09

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

LISA ATKINSON - Kern
166 Via de la Reina
Miami Island FL 33153

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:

[Signature]
Signature

LISA ATKINSON - KERN
Printed Name
MA00054

FILING FEE: \$25.00