

112 600046158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

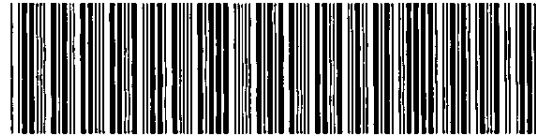
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN 21 AM 10:42
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J. Stivers JAN 22 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 958914 7880187

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 13, 2014

ORDER TIME : 1:03 PM

ORDER NO. : 958914-011

CUSTOMER NO: 7880187

DOMESTIC FILINGS

NAME: MEDSPEECH THERAPY, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

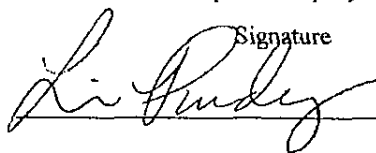
EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
MEDSPEECH THERAPY, LLC
2. The Articles of Organization were filed on 04/04/2012 and assigned
document number L12000046159
3. The delayed effective date the dissolution if not effective on the date of filing: _____
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).
Broke ties with business partner.

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 Purdy
36 West Point Drive, Cocoa Beach, FL 32931

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


Printed Name

Lisa Purdy, Member

FILING FEE: \$25.00

FILED
16 APR 21 11:10 AM '12
TALLAHASSEE, FLORIDA