

✓
L12000055681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

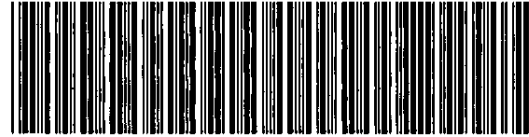
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 3 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Care Physical Therapy LLC
(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:

Marjorie DARR
(Name of Person)

Family Care Physical Therapy LLC
(Firm/Company)

3710 San Jacinto Circle
(Address)

Sanford, FL 32771
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Marjorie DARR at (407) 516 3459
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$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**

1. The name of a limited liability company is

FAMILY CARE Physical Therapy LLC

2. The Articles of Organization were filed on April 25, 2012 and assigned document number

L12000055-681

3. The date the dissolution was approved: 11/1/2012

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).

It never opened and decided not to open it. It was
never open for 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

Marjorie D

Marjorie DARR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 PM 5:35

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2012

MARJORIE DIAZ
FAMILY CARE PHYSICAL THERAPY LLC
3710 SAN JACINTO CIRCLE
SANFORD, FL 32771

SUBJECT: FAMILY CARE PHYSICAL THERAPY LLC
Ref. Number: L12000055681

We have received your document for FAMILY CARE PHYSICAL THERAPY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 712A00029429