

L12 0001 56262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

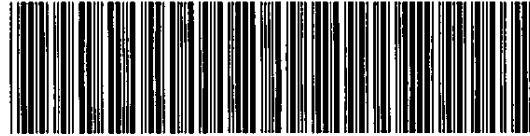
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/02/14--01013--024 **25.00

FILED
14 MAY 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2014

N. CAUSSEAU

767

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: InMotion 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:

Adam Guiliano
(Name of Person)

InMotion Physical Therapy LLC
(Firm/Company)

3571 Westwood Dr.
(Address)

Esteros, FL 33928
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Guiliano at (901) 674-5309
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

ADAM GUILIANO
3571 WESTWOOD DR
ESTERO, FL 33928

SUBJECT: INMOTION PHYSICAL THERAPY, LLC
Ref. Number: L12000156262

We have received your document for INMOTION PHYSICAL THERAPY, LLC and your check(s) totaling \$. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00009855

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

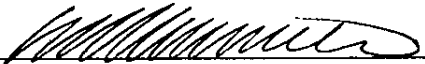
InMotion Physical Therapy LLC

2. The Articles of Organization were filed on 4/30/2013 and assigned

document number 12000156262

3. The delayed effective date the dissolution if not effective on the date of filing: 6/1/2014
(effective date cannot be prior to or more than 90 days later than date document is received for 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).

InMotion LLC is being dissolved due to starting a
Physical Therapy
different company.  adam Guiliano

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

Adam Guiliano
3571 Westwood Dr.
Estero FL 33928

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

Adam Guiliano
Printed Name

FILING FEE: \$25.00

FILED
14 MAY 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA