

L13000009769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
15 MAR 20 AM 10:40
SEDERHOLM
TALLAHASSEE, FLORIDA

dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Volusia Decompression Associates 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:

N Jane Puckett EA

(Name of Person)

East Washington Accounting Services Inc

(Firm/Company)

P O Box 1006

(Address)

Pierson FL 32180

(City/State and Zip Code)

For further information concerning this matter, please call:

N Jane Puckett EA

(Name of Person)

386

749-9010

at ()

(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


15 MAR 20 AM 10:40
TALLAHASSEE
SECRET

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Volusia Decompression Associates LLC
2. The Articles of Organization were filed on January 18, 2013 and assigned
document number L13000009769
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
Company closed

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: Mary Antos
569 Health Blvd Suite C
Daytona Beach FL 32114

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

Mary Antos

Printed Name

FILING FEE: \$25.00

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15 MAR 20 AM 10:40
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FL.