

L13000017300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

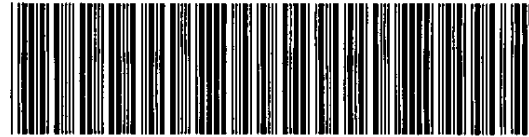
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P:SS

Office Use Only



500267384895

12/16/14--01007--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 16 PM 4:10

FILED

12/19/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATURAL HEALTHCARE PHYSICIANS 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:

GINIA BUSHELON
(Name of Person)

GINIA BUSHELON ACUPUNCTURE AND MASSAGE
(Firm/Company)

808 DUNLAWTON AVE Ste 3
(Address)

PORT ORANGE FL 32127
(City/State and Zip Code)

For further information concerning this matter, please call:

GINIA BUSHELON at (386) 562-7319
(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

NATURAL HEALTHCARE PHYSICIANS

2. The Articles of Organization were filed on 02/14/2013 and assigned

document number L13000017300

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).

THE ~~owner~~ owners had irreconcilable differences.

One owner moved out of town/state.

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

14 DEC 16 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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:

Gina Bushelon

Signature

GINA BUSHELON

Printed Name

FILING FEE: \$25.00