

L130000 77258

(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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04/22/14--01026--006 \*\*25.00

FILED

14 APR 22 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 25 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Neuropathy Relief Clinic of Panama City, 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:

Michael Madewell  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 817  
(Address)

Panama City, FL 32402  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Madewell at (850) 769-3191  
(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

FILED  
14 APR 22 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Neuropathy Relief Clinic of Panama City, LLC

2. The Articles of Organization were filed on 05/28/2013 and assigned

document number L13 0000 77 258

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).

Per 605.0701, Florida Statutes:

(2) The consent of all the members.

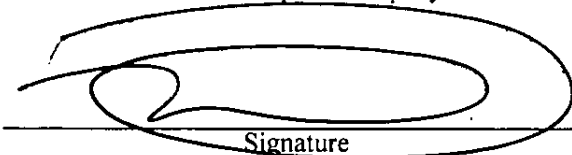
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael Madewell

P.O. Box 817

Panama City, FL 32402

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

Michael Madewell  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Neuropathy Relief Clinic of Panama City, LLC

Document number of Limited Liability Company is: L13 0000 77258

Date of dissolution was: 4/22/14

Description of information that must be included in a written claim:

Per 605.0701, Florida Statutes:

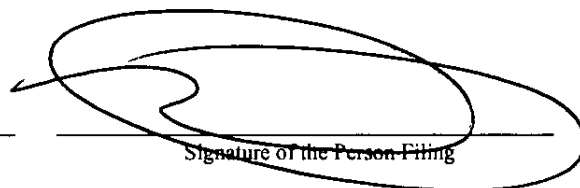
(2) The consent of all the members.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Michael Madewell  
P.O. Box 817  
Panama City, FL 32402

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Michael Madewell  
Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**