

L13000105690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR 16 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 1 10:02 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PETHICK PHYSICAL THERAPY SERVICES, 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:

SARAH PETHICK MARTYNIAK

(Name of Person)

PETHICK PHYSICAL THERAPY SERVICES

(Firm/Company)

9225 CAMPANILE CIR

(Address)

NAPLES, FL 34114

(City/State and Zip Code)

For further information concerning this matter, please call:

SARAH PETHICK MARTYNIAK

(Name of Person)

734

658-7774

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

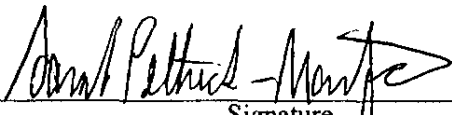
**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
PETHICK PHYSICAL THERAPY SERVICES, LLC
2. The Articles of Organization were filed on 07/25/2013 and assigned  
document number L13000105690
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).  
THIS BUSINESS ENTITY NEVER GOT OFF THE GROUND. SHORTLY AFTER I  
REGISTERED THE LLC I WAS HIRED FOR A FULL-TIME POSITION IN A  
FACILITY. MAINTAINING THIS FULL-TIME EMPLOYMENT KEPT ME FROM  
PURSUING MY OWN BUSINESS SERVICES SO THE LLC NEVER TRULY BECAME
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: SARAH PETHICK MARTYNIK  
9225 CAMPANILE CIR  
NAPLES, FL 34114
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:

FILED  
MAR 16 PM 4:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Signature

SARAH PETHICK MARTYNIK  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**