

# L13000175370

\_\_\_\_\_  
(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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14 JAN -6 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 13 2014

T. BROWN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Taylor Podiatry  
(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:

Mindy S. Taylor  
(Name of Person)

Taylor Podiatry  
(Firm/Company)

6487 Justin Ct.  
(Address)

Port orange, FL 32128  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mindy S. Taylor at ( 904 ) 501 7628  
(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 JAN -6 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Taylor Podiatry, LLC

2. The Articles of Organization were filed on December 20, 2013 and assigned document number L13 000175370

3. The delayed effective date the dissolution if not effective on the date of 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).

other than applying for the LLC the business never even got off  
to a start. I realized that I was not in a position to  
start my own business & have decided to pursue other  
career options

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

Mindy S. Taylor  
6487 Justin Ct.  
Port Orange FL 32128

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

Printed Name



Mindy Taylor

**FILING FEE: \$25.00**