

L14000058913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

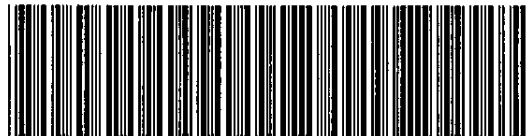
(Business Entity Name)

(Document Number)

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2015 FEB -9 PM12:33

CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 17 2015

A. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2015

BARRY KALFIN
4307 10TH AVE NORTH
LAKE WORTH, FL 33461

SUBJECT: LAKE WORTH EMERGENCY CHIROPRACTIC CLINIC LLC
Ref. Number: L14000058913

We have received your document for LAKE WORTH EMERGENCY CHIROPRACTIC CLINIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 615A00001946

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Worth Emergency CHIROPRACTIC CLINIC
(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:

Cathy KALIN
(Name of Person)

Lake Worth Emergency CHIROPRACTIC CLINIC
(Firm/Company)

4307 10th Ave NW
(Address)

Lake Worth FL 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy KALIN at (561) 966 1775
(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB -9 PM 12:33

FILED

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

Lake Worth Emergency Chiropractic Clinic

2. The Articles of Organization were filed on 4/10/2014 and assigned

document number L14000058913

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 doctor Passed away

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

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:

Catherine Kalfin
Signature

Catherine Kalfin
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA