

L15 0000 0 1090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

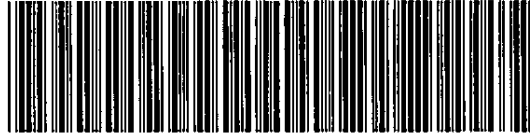
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL -5 PM 4:55

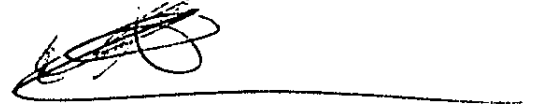
07/05/16--01007--027 \*\*25.00

JUL 06 2016  
S. YOUNG

To whom this may concern:

I requesting that the name "Total Credit Rehab LLC" Be Released along with its dissolution.

Thank You  
Kerroullio Toussaint RA



11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL -5 PM 4:55

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOTAL CREDIT REHAB 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:

KERROULLIO TOUSSAINT  
(Name of Person)  
TOTAL CREDIT REHAB  
(Firm/Company)  
2835 N MILITARY TR STE E  
(Address)  
WEST PALM BEACH FL 33409  
(City/State and Zip Code)

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16 JUL -5 PM 1:55

For further information concerning this matter, please call:

KERROULLIO TOUSSAINT at ( 561 ) 889 - 1027  
(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

TOTAL CREDIT REHAB LLC

2. The Articles of Organization were filed on 01/052015 and assigned

document number L15000001090

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

THERE WAS NEVER ANY BUSINESS STARTED/CONDUCTED.

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

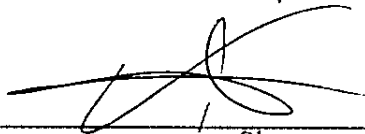
activities and affairs:

KERROULLIO TOUSSAINT

4714 HOLLY LAKE DR

LAKE WORTH FL 33463

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

KERROULLIO TOUSSAINT

Printed Name

**FILING FEE: \$25.00**

16 JUL -5 PM 4:55

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA