

LS00009853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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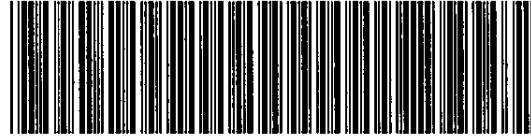
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 24 2015

S. YOUNG



November 12, 2015

**NOTICE OF DISSOLUTION**

On this day Practice Pro, LLC has ceased operations and is declared insolvent. The reason(s) assigned to this decision are due to two (2) significant factors:\

1. Insufficient revenues to support the expenses of the organization
2. Inability to collect on and receive past due receivables from clients served

The net result of these two factors have rendered the organization as insolvent

Sincerely,

Practice Pro, LLC

A handwritten signature in black ink, appearing to read "Bob Harvey".

**BOB HARVEY**  
President

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Practice Pro, 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:

BOB Harvey

(Name of Person)

Practice Pro, LLC

(Firm/Company)

304 Legare Court

(Address)

Jupiter, Florida 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

BOB HARVEY

(Name of Person)

at 336 655-8315

(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

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

1. The name of a limited liability company is

Practice Pro, LLC

2. The Articles of Organization were filed on January 16, 2015 and assigned

document number L15000009853

3. The delayed effective date the dissolution if not effective on the date of filing: November 25, 2015  
(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).

The business was unable to sustain a profitable revenue growth and current and past expenses were unable to be n

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

Bob Harvey

304 Legare Court

Jupiter FL 33458

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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

Robert HARVEY  
Printed Name

**FILING FEE: \$25.00**