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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Solano Physical Therapy and Wellness, LL (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:
Alejandro Solano (Name of Person)
(Firm/Company)
4886 NW 6- Place
Plantation, FL. 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Alejandro Solano at (714) 943-7502 (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

l.	The name of a limited liability company is
	Solano Physical Therapy and Welmess.
2.	The Articles of Organization were filed on
	document number <u>L15000113132</u>
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). Business was non-profitable
5.	If there are no members, enter the name and address of the person appointed to wind up the company? activities and affairs: Alegandro So ano
	9886 NW 6th place 22 7 Plantation, FL 33324 55
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Alejandro Solano
	Signature Printed Name

FILING FEE: \$25.00