

L15000128898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

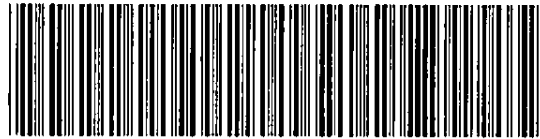
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 24 2024

Office Use Only



000429059760

05/07/24--01033--007 **25.00

FILED
2024 MAY -7 PM 1:18
JULIA L. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Delray Spinal CARE Center 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:

Judith Zephirin
(Name of Person)

(Firm/Company)

15145 Goldfinch Cir.
(Address)

Westlake, FL 33470
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith Zephirin at 561, 603-2848
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2024 MAY -7 PM 1:48
STATE OF FLORIDA

1. The name of a limited liability company is

Delray Spinal Care Center LLC

2. The Articles of Organization were filed on 07/28/2015 and assigned

document number L15000128298

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)

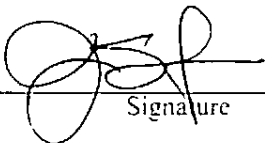
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Business no longer seeing patient.
location closed

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

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

Judith Zephirin
Printed Name

FILING FEE: \$25.00