Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H15000255622 3)))



H150002556223ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

LLC DISSOLUTION OR WITHDRAWAL LASERIQ PAIN THERAPY, LLC

5 OCT 26 PM 1: 46
ECRETAIN OF STATE

Certificate of Status	1 _
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 27 2015

Y SULKER

H15000255622

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

- 1. The name of the limited liability company is: LaserIQ Pain Therapy, LLC.
- 2. The Articles of Organization were filed on August 14, 2015, effective August 7, 2015, and assigned document number L15000139675.
- 3. The delayed effective date of the dissolution if not effective on the date of filing; none.
- 4. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 605,0707, Florida Statutes:

The sole member consents to the dissolution of the entity.

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

Sidney W. Kilgore 238 E. Davis Blvd., Suite 316 Tampa, FL 33606

6. Signature of an authorized person or if there are no members, the signature of the appointed and listed above to wind up the company's activities and affairs:

Name: Signey W. Kilgore
Title: Authorized Representative

5886553