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|---|--|--|--|--|--|--|
| (Requestor's Name) | | | | | | |
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| (City/State/Zip/Pfione #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

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| CUDIECT. | | | U | a |

Florida Nerve Centers, 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:

| Brent Rubin | | | | | |
|--------------------------|--|--|--|--|--|
| (Name of Person) | | | | | |
| | | | | | |
| (Firm/Company) | | | | | |
| 14911 Bowfin Terrace | | | | | |
| (Address) | | | | | |
| Lakewood Ranch, FL 34202 | | | | | |
| | | | | | |

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Weinshel at (920) 217-3783 (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 Florida Nerve Centers, LLC | | | | | | |
|-----------|--|---|---|---------------------------------|--|--|--|
| 2. | The Articles of Organization | n were filed on $\frac{03/25/2}{1}$ | 2016 | and assigned | | | |
| | document number L1600006 | 8079 | _ | | | | |
| 3. | Note: If the date inserted in t | te the dissolution if not effective on the date of filing: 07/01/2019 tive date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records. | | | | | |
| 4. | A description of occurrence 605.0707, Florida Statutes, (| that resulted in the lir copy 605,0707 on bac | nited liability company's d k cover letter). | lissolution pursuant to section | | | |
| | No longer providing medical services to patients. Office has been closed since 2017. | | | | | | |
| | | | | 2019 5 | | | |
| | | | | 5 | | | |
| | | | | | | | |
| 5. | If there are no members, entactivities and affairs: | er the name and addre | ess of the person appointed | to wind up the company's | | | |
| | | 14911 Bowfin Terrace | | | | | |
| | Lakewood Ranch, FL 34202 | | | | | | |
| _ | | | | | | | |
| 6. lis | Signature of an authorized pated above to wind up the con | erson or if there are n apany's activities and | o members, the signature of affairs: | of the person appointed and | | | |
| , | Sten Wee | ulel | Steven Weinshel | | | | |
| <i>e</i> | Signature | 6/30/2019 | Printe FEE: \$25.00 | d Name | | | |