

L19 0000 30910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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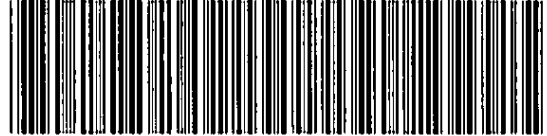
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 AUG 19 AM 8:55

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AUG 26 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FYS Therapy, 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:

Carol Monzon  
(Name of Person)

FYS Therapy, LLC  
(Firm/Company)

4520 SW 5<sup>th</sup> Ave  
(Address)

Cape Coral, FL 33914  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Monzon at 321, 946-0786  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

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

1. The name of a limited liability company is

FYS Therapy, LLC

2. The Articles of Organization were filed on 1-30-19 and assigned

document number L19000030910

3. The delayed effective date the dissolution if not effective on the date of filing: 3-1-19  
(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).

Filed for business name; however, never initiated business as planned. At this time I would like to close this business. Again, this business never was initiated nor opened.

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 to wind up the company's activities and affairs:

2019 AUG 19 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Carol Monzon  
Signature

Carol Monzon 8-14-19  
Printed Name