

L19000113677

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chromey Chiropractic Family & Sports Performance,
(Name of Limited Liability Company) LLC.

The enclosed Articles of Dissolution and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Chromey, D.C.
(Name of Person)

Chromey Chiro. Family & Sports Perf., LLC.
(Firm/Company)

1416 Mausla Meadow Lane
(Address)

Davenport FL 33896
(City/State and Zip Code)

For further information concerning this matter, please call:

William Chromey, D.C. at (407) 885-0317
(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**

1. The name of a limited liability company is

Chromey Chiropractic Family & Sports Performance L.L.C.

2. The Articles of Organization were filed on 04/25/2019
2/24/2024 and assigned

document number L 29000113677

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).

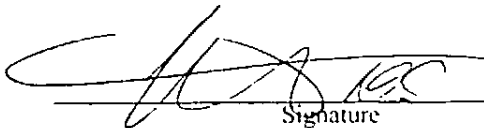
The business was not performing as expected.

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

1416 Marsh Mountain Lane

Davenport, FL 33894

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

William Chromey DC
Printed Name

FILING FEE: \$25.00

**CHROMEY CHIROPRACTIC FAMILY & SPORTS
PERFORMANCE, L.L.C.**

WILLIAM S. CHROMEY, D.C., M. S. A. C. P., C.C.S.P.®
1416 MARSH MEADOW LANE
DAVENPORT, FL 33896
407.885.0317
wehromey@gmail.com

To: Florida Dept. of State

From: William Chromey, D.C. 

Date: 02/27/2024

Re: Dissolution

Message: At the recommendation of my accountant, the corporation is to be dissolved. I worked full-time as a professor in a chiropractic university from 2018-2023. It cut into my devotion to the business. However, in the near future I will be starting a new corporation. Please accept this notice, payment, and the supporting document for satisfying this request. Thank you.