

L19 000273497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

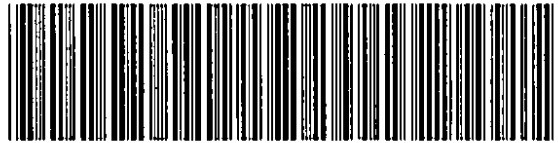
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 26 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port Orange Chiropractic And Associates 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:

Alene Cabrera

(Name of Person)

(Firm/Company)

112 Powell Blvd Apt 4208

(Address)

Daytona Beach, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

Alene Cabrera

813

340-6487

at ()

(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

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TALLAHASSEE, FL

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

1. The name of a limited liability company is

Port Orange Chiropractic and Associates LLC

2. The Articles of Organization were filed on November 1, 2019 and assigned

document number L19000273497

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

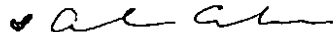
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Closing Business

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

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

Alene Cabrera

Printed Name

FILING FEE: \$25.00

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