

L19 000282263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

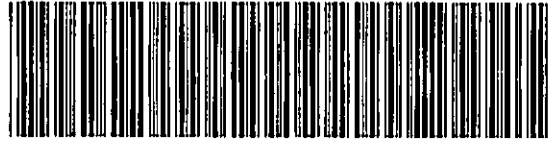
(Business Entity Name)

(Document Number)

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

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02/07/22--01014--004 \*\*25.00

FILED

2022 FEB 28 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB 28 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 17, 2022

NEFTALY X RODRIGUEZ  
3705 FALLING LEAF LANE  
ORLANDO, FL 32810

SUBJECT: NXR THERAPY LLC  
Ref. Number: L19000282263

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0712, Florida Statutes, requires a Notice of Limited Liability Company Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 122A00003910

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NXR 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:

NEFTALY X RODRIGUEZ

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3705 FALLING LEAF LANE

\_\_\_\_\_  
(Address)

ORLANDO FL 32810

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

NEFTALY X RODRIGUEZ

407

234-2788

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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2022 FEB 28 PM 3: 17

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
NXR THERAPY LLC

2. The Articles of Organization were filed on 11/12/2019 and assigned  
document number 1.19000282263

3. The delayed effective date the dissolution if not effective on the date of filing: 01/26/2022  
(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).

NOT IN USE

NOT IN USE

NOT IN USE

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

NEFTALY X RODRIGUEZ

3705 FALLING LEAF LANE

ORLANDO FL, 32810

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:

Neftaly X Rodriguez  
Signature

NEFTALY X RODRIGUEZ

Printed Name

FILING FEE: \$25.00