

L22000335043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

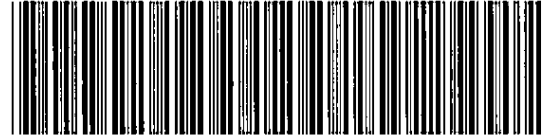
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400393323394

LLC dissolution

09/28/22--01005--017 **80.00

FILED
2022 SEP 28 PM 12:44
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
HALL COUNTY, FLORIDA

RECEIVED
2022 SEP 28 PM 12:36
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
TALLAHASSEE, FLORIDA

A. RAMSEY
SEP 28 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNERGY PERFORMANCE REHABILITATION 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:

SHAW MCDERMOTT
(Name of Person)

SYNERGY PERFORMANCE REHABILITATION LLC
(Firm/Company)

8151 ULTIMATE RD
(Address)

LARGO FL 33771
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAW MCDERMOTT at (904) 644-1234
(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 SEP 28 PM 12:44

1. The name of a limited liability company is

Synary Performance Restoration LLC

2. The Articles of Organization were filed on 7/28/2022 and assigned

document number L22000335043

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).

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:

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

SHAWN McDERMOTT
Printed Name

FILING FEE: \$25.00