

LA9000001944

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

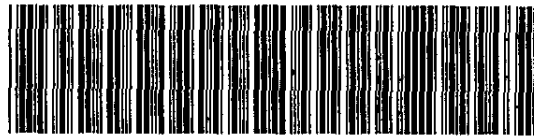
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: L 99000001944

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Neil Karlman
(Name of Person)

A Karlman Charismatic
(Name of Firm/Company)

1225 45th ST, STE 307
(Address)

W. P. B., FL 33407
(City/State/and Zip Code)

For further information concerning this matter, please call:

Neil Karlman at (561) 842-3500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 16, 2004

NEIL KAUFMAN
A. KAUFMAN CHIROPRACTIC CENTER, L.L.C.
1225 45TH ST., STE 307
WEST PALM BEACH, FL 33407

SUBJECT: A. KAUFMAN CHIROPRACTIC CENTER, L.L.C.
Ref. Number: L99000001944

We have received your document for A. KAUFMAN CHIROPRACTIC CENTER, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to dissolve this Limited Liability Company, the forms submitted are for a Corporation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 404A00003105

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

1. The name of the limited liability company is A Kaufman Chiropractic Center, LLC

2. The effective date of the limited liability company's dissolution is 2/31/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

A New corporation was formed

4. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their
respective rights and interests.

6. CHECK ONE:

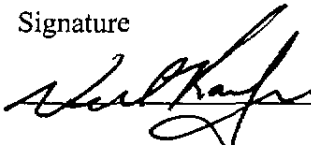
☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the
dissolution:

Signature



Typed or Printed name

Neil Kaufman

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TALLAHASSEE, FLORIDA

04 JAN 26 PM 1:43

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Filing Fee: \$25.00