## P12000101266

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

----- Office Use Only



200266235932

11/17/14--01048--004 \*\*43.75

DIVISION OF CORPORATIONS

14 NOV 17 PM 3: 1.7

C.Lew; 5

## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION: MADRID CHIROPPACTIC, PA
DOCUMENT NUMBER: ORIGINALLY FILED: PIZODO101266
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS Q JACOBS
(Name of Contact Person)
MADRID CHIROPRACTIC PA
(Firm/Company)
MADRID CHIROPRACTIC PA  (Firm/Company)  5830 MIONIGHT PASS RD #304
(Address)
SAPASOTA, FZ 34242 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
THOMAS & JACOBS at ()  (Name of Contact Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

14 NOV 17 PM 3: 48

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MADRIO CHIROPPACTIC, PA
SECOND:	The document number of the corporation (if known): P1Z000101266
THIRD:	The date dissolution was authorized: DIRECTED / TA CORPORATER
	Effective date of dissolution if applicable:  Of Dicember 294  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
PIRE	TOR / SWNER/ INCORPORATOR (1) (voting group)
S.	ignature:  (By a director, president or other officer if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)  THOMAS  ACOBS  (Typed or printed name of person signing)
	DIKECTOK
	(Title of person signing)

Filing Fee: \$35