

41000047017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alina Pollan, MD. Healthcare Center, 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:

Christopher M. Delp, Esq.

(Name of Person)

Delp Law Office

(Firm/Company)

PO BOX 21212

(Address)

TAMPA FL 33622-1212

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christopher M. Delp, Esq. at (813) 374-3390

(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is

Alina Pollan, MD. Healthcare Center, LLC

2. The Articles of Organization were filed on April 20, 2011 and assigned

document number L11000047017

3. The delayed effective date the dissolution if not effective on the date of filing: N/A

(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).

Consent of all members

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

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

Dr. Alina Pollan, M.D.

Printed Name

FILING FEE: \$25.00

FILED
16 JAN 27 5 41 PM '11
STATE OF FLORIDA
TALLAHASSEE

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Alina Pollan, MD. Healthcare Center, LLC

Document number of Limited Liability Company is: L11000047017

Date of dissolution was: January 1, 2016

Description of information that must be included in a written claim:

Claimant's name, mailing address, amount of claim, date on which each amount accrued,
basis for the amount claimed, including any interest, costs, or attorney's fees

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ALINA POLLAN MD

PO BOX 7562

SEMINOLE FL 33775-7562

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dr. Alina Pollan, M.D.

Printed Name of the Person Filing


Signature of the Person Filing