

44000021609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 NOV 17 PM 12:44

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NOV 23 2014  
CLERK OF COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1501 Presidential Way Medical, 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:

Rachel Bensimon  
(Name of Person)

(Firm/Company)

7913 Tennyson Court  
(Address)

Boca Raton, Florida 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Bensimon at 561 213-3886  
(Name of Person) (Area Code & Daytime Telephone Number)

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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

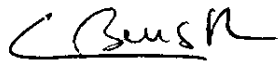
**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
1501 Presidential Way Medical, LLC
  
2. The Articles of Organization were filed on 02/07/2014 and assigned  
document number L14000021609
  
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)
  
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).  
It was decided that the business did not need to be established.

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

Rachel Bensimon  
Printed Name

**FILING FEE: \$25.00**

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