

L15000062143

(Requestor's Name)

(Address)

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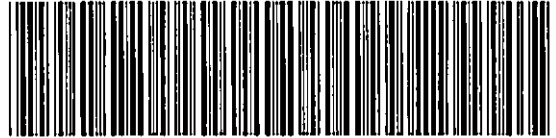
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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16-15-18



June 11, 2018

Seth J. Singleton  
502.238.7849(direct)  
Seth.Singleton@wilsonelser.com

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: *Articles of Dissolution for a Limited Liability Company*  
Emerald Coast Medical Management, PLLC

To Whom It May Concern:

Please find the enclosed **Articles of Dissolution for a Limited Liability Company**. I am also enclosing herewith a check in the amount of \$25.00 payable to the "Florida Dept. of State" for the associated filing fee.

Thank you, in advance, for your assistance in this matter. If you have any questions please contact me at my direct line (502) 238-7849.

Best regards,

**WILSON ELSER MOSKOWITZ EDELMAN & DICKER LLP**

A handwritten signature in black ink that reads "Seth J. Singleton". The signature is fluid and cursive.

Seth J. Singleton

Enclosures

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150 East 42nd Street • New York, NY 10017 • p 212.490.3000 • f 212.490.3038

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMERALD COAST MEDICAL MANAGEMENT, PLLC  
(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:

Seth J. Singleton, Esq.

(Name of Person)

Wilson Elser Moskowitz Edelman & Dicker LLP

(Firm/Company)

100 Mallard Creek Road, Suite 250

(Address)

Louisville, Kentucky 40207

(City/State and Zip Code)

For further information concerning this matter, please call:

Seth J. Singleton, Esq.

(Name of Person)

at ( 502 ) 238-7849

(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  
EMERALD COAST MEDICAL MANAGEMENT, PLLC
2. The Articles of Organization were filed on April 8, 2015 and assigned  
document number L15000062143
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).  
The consent of all the 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. Christopher Nelson

Printed Name

**FILING FEE: \$25.00**

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