L10000029596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

APR - 9 2010

EXAMINER

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2010 APR -8 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dr. Victor Loria
6014 Golf Villas Dr
Boynton Beach FL 33437
TELE 1-561-779-4042
FAX 1-561-734-3894

Date 4-5-2010

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2010 APR -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

To whom it may concern;

My name is Victor Loria D.O. Enclosed is a **check for $60**, which includes the Filing Fee, Certified Copy, and Certificate of Status.

My contact information, address and telephone numbers, is **listed above.**

Please call at any time for inquires.

Thank you,

Victor Loria D.O.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTI-AGING & COSMETIC DERMATOLOGY P.L.L.C
(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:

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2010 APR -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VICTOR LORIA
(Name of Person)

(Firm/Company)

6014 GOLF VILLAS DR.
(Address)

BOYNTON BEACH FLORIDA 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR LORIA at (561) 779-4042
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☐ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☑ $60.00 Filing Fee, Certificate of Status & 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
ANTI-AGING & COSMETIC DERMATOLOGY.

2. The Articles of Organization were filed on 3-17-2010 and assigned document number
L10000029596.

3. The date the dissolution was approved: 4-25-2010.

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

DECIDED to CHANGE THE NAME OF THE MEDICAL PRACTICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. **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.

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

7. **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	Printed Name
	VICTOR LORIA

FILING FEE: $25.00