L12000005306

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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2020 JUL -8 AM 7: 15 SECRETARY OF STATE

D. BRUCE AUG 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SANDERS DERMATOLOGY AND SKIN CANCER CENTER, LLC

SUBJECT:

(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:

Raymond G. Robison

(Name of Person)

Fox McCluskey Bush Robison, PLLC

(Firm/Company)

3461 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison

(Name of Person)

772 287-4444

(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
	SANDERS DERMATOLOGY AND SKIN CANCER CENTER, LLC
2.	The Articles of Organization were filed on January 11, 2012 and assigned
	document number L12000005306
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 b 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
	ZOZO JULI TALL
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. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Jonathan Sanders, Manager
	Signature Printed Name FILING FEE: \$25.00

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: SANDERS DERMATOLOGY AND SKIN CANCER CENTER, LLC
Document number of Limited Liability Company is: L1200005306
Date of dissolution was: Jone 1, 1520
Description of information that must be included in a written claim:
Name and Address of Claimant
Amount of Claim
Amount of Claim Whether Claim is Secured or Contingent
Detailed Description of Type of Claim
Date Claim Arose
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2839 Saint Barts Square
Vero Beach, FL 32967

Jonathan Sanders, Manager

Printed Name of the Person Filing

Signature of the Person Filing

claim is commenced within 4 years after the filing of this notice.

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00