

604389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

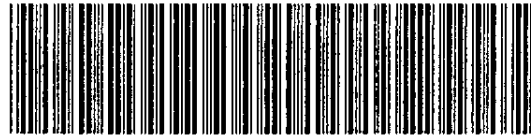
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/11--01014--004 **35.00

11 MAR - 1 PM 3:02



Miss w/NOT
C.COULLETTE

MAR 03 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LARMOYEUX CLINIC

DOCUMENT NUMBER: 604389

The enclosed *Articles of* Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS J. LARMOYEUX JR

Name of Contact Person

LARMOYEUX CLINIC

Firm/Company

9558 KUHN RD

Address

JACKSONVILLE FL 32257

City/State and Zip Code

LOUIS@LARMOYEUX@BMCJAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS J. LARMOYEUX JR at (904) 731 1980
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

LARMOYEUX CLINIC P.A.

SECOND: The document number of the corporation (if known): 604389

THIRD: The date dissolution was authorized: 5 JAN 2011

Effective date of dissolution if applicable: 5 JAN 2011
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

LOUIS JOHN LARMOYEUX, JR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

11 MAR - 1 PM 3:02
CLERK OF COURT
STATE OF FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LARMOYEUX CLINIC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

INVOICE COMPLETED BEFORE
CORPORATION CEASED TO OPERATE

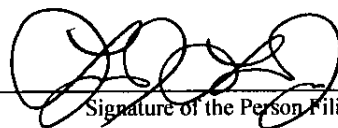
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9558 KUHN ROAD
JACKSONVILLE FL 32257

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

LOUIS JOHN LARMOYEUX JR

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00