

A16000000348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

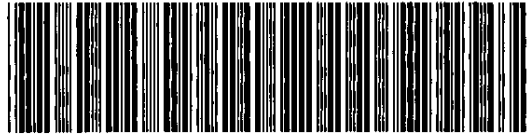
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300301067333

07/07/17--01005--022 \*\*52.50

FILED  
2017 JUL -7 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 10 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** AMERICAN PROFESSIONALS ADVANTAGE L.P.

*(Name of Florida Limited Partnership or Limited Liability Limited Partnership)*

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ryan King

*(Contact Person)*

Patriot Law LLC

*(Firm/Company)*

2631-A NW 41st Street

*(Address)*

Gainesville, FL 32606

*(City, State and Zip Code)*

For further information concerning this matter, please call:

Ryan King

at (

352

*(Area Code)*

219-5351

*(Daytime Telephone Number)*

*(Name of Contact Person)*

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**CERTIFICATE OF DISSOLUTION  
FOR**

AMERICAN PROFESSIONALS ADVANTAGE L.P.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 07/21/2016, assigned Florida document number A16000000348, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

This limited partnership has no business activity in the State of Florida. In accordance with the Partnership Agreement and the laws of the State of Florida, the General Partner and its authorized members all provided written consent to the resolution to dissolve the partnership. All debts and obligations have been paid and assets distributed accordingly.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: N/A - Date of filing  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)  
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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

A PRO ADVANTAGE HOLDINGS AND MANAGEMENT LLC (General Partner)

By: Roger J. Harris Jr., M.D.

Title: Managing Member

Signature: 

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

**FILED**  
2017 JUL - 7 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  
AMERICAN PROFESSIONALS ADVANTAGE L.P.

Description of information that must be included in a claim:

1. Reasonable and detailed description of claim, including relevant dates and amount in question.
2. The full name and mailing address of the claimant.
3. An agreement by the claimant to accept the total amount claimed in full satisfaction and final settlement of the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

2631-A NW 41st Street

Gainesville, FL 32606

Attn: William D. King

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

Signature of a general partner or a principal of the successor entity:

Roger J. Harris Jr., M.D.

Printed Name

  
Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

**FILED**  
2017 JUL -7 PM12:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA