

A190000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

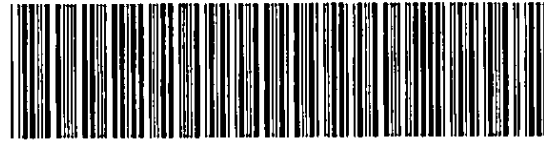
(Business Entity Name)

(Document Number)

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2020 FEB 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cert/Diss

MAR 07 2020

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: DOT Physicals & Associates, LLP
(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:

Kathy Sizemore
(Contact Person)

(Firm/Company)

15614 Heartleaf CT
(Address)

LAND O LAKES FL. 34638
(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT MALHOIT at (813) 966-8459
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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**

DOT PHYSICALS & ASSOCIATES, LLP
(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 01/24/2019, assigned Florida document number A19000000053, hereby submits this Certificate of Dissolution.

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

NOT A VIABLE BUSINESS

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

THIRD: Effective date, if other than the date of filing: 01-01-2020
(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.:

[Handwritten Signature]
[Handwritten Signature]
[Handwritten Signature]
[Handwritten Signature]

ROBERT MALHOEF
Katlyn Sizemore
Sanford Geisser
James Duncan

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

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2020 FEB 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gray S.

№ 006151

FLORIDA DEPARTMENT OF STATE

Date: 02/12/2020

RECEIVED FROM:

Kathy Sizemore

the sum of Three-and-00/100 — Dollars \$ 3.00

For the following:

Certification of LP Filing

G B Blank Ken Baker

for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.