

AZ9806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

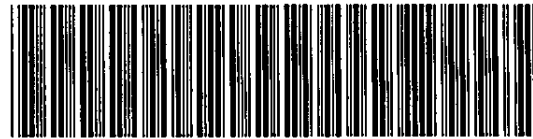
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/17--01018--017 **35.00

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17 FEB 14 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

FEB 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metro Medical Plaza LTD
(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:

Michael N. Price

(Contact Person)

Metro Medical Plaza LTD

(Firm/Company)

3022 Via Rialto St

(Address)

Fort Myers, FL 33905

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael N Price

(Name of Contact Person)

at (239) 542-3581

(Area Code and Daytime Telephone Number)

or Patricia L Price

239 839-4436

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

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TALLAHASSEE, FLORIDA

FILED
17 FEB 14 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

35.00
already
received

17.50 enclosed

**CERTIFICATE OF DISSOLUTION
FOR**

Metro Medical Plaza LTD

(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 _____, assigned Florida document number A29806, hereby submits this Certificate of Dissolution.

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

Metro Medical Plaza LTD
closed operations ~~terminated~~ (72)

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

THIRD: Effective date, if other than the date of filing: 1-16-17

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

[Signature]

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

FILED
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TALLAHASSEE, FLORIDA