H75909

(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:			
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COVER LETTER

TO: Registration Section

Divis	ion of Corporations			
I SUBJECT:	RAUL B. ZELAYA, M. D., P. A.			
(Name of Limited Liability Company)				
The enclosed A	Articles of Dissolution and fee(s) are submit	tted for filing.		
Please return a	all correspondence concerning this matter to	the following:		
	RAUL B. ZELAYA, M. D.			
	(Nai	ne of Person)		
	(Fir	m/Company)		
	153 NE MADISON STREET			
	1	(Address)		
	LAKE CITY, FLORIDA 32055			
	(City/St	ate and Zip Code)		
For further inf	ormation concerning this matter, please call	:		
MARLIN M. FEAGLE		386 752-7191		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a ch	seck for the following amount:			
■ \$25.0	0 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)		
	ing Address:	Street Address:		
_	stration Section sion of Corporations	Registration Section Division of Corporations		
	Box 6327	The Centre of Tallahassee		
	phassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2024

RAUL B. ZELAYA M.D. 153 NE MADISON STREET LAKE CITY, FL 32055

SUBJECT: RAUL B. ZELAYA, M.D., P.A.

Ref. Number: H75909



We have received your document for RAUL B. ZELAYA, M.D., P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 924A00021581

Division of Company tions D.O. DOV COOR JE 11 1

FILED

ARTICLES OF DISSOLUTION 024 0CT 21 AM 8: 38

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: RAUL B. ZELAYA, M. D., P. A.
SECOND:	The document number of the corporation (if known): H75909
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) 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.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: (By a director, president of 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)
	RAUL B. ZELAYA, M. D.
	(Typed or printed name of person signing)
	DOCTOR
	(Title of person signing)

Filing Fee: \$35