

L 0 0 0 0 0 0 0 1 2 4 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

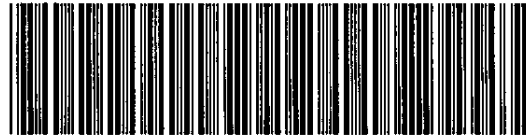
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600265712366

11/03/14--01006--009 \*\*25.00

FILED  
14 NOV - 3 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 03 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sarasota Health Group LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Carol A Vance Esquire  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

Carol A. Vance, Esq. CPA, PLC  
411 55th Avenue  
St. Pete Beach, FL 33706  
St Pete Beach, FL 33706  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol A. Vance at 727 3671222  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Sarasota Health Group, LLC

2. The Articles of Organization were filed on January 31, 2000 and assigned  
document number L0000001246

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company discontinued operations,  
liquidated all assets, paid all debts,  
distributed balance of assets to the sole  
member: Michael J Dattoli MD

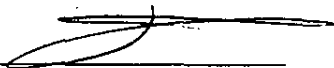
5. <sup>one</sup>~~If there are no~~ members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael J Dattoli  
2803 Fruitville Road  
Sarasota, FL 34237

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Signature

Printed Name



Michael J. Dattoli

**FILING FEE: \$25.00**

FILED  
14 NOV - 3 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA