

LO1000010443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

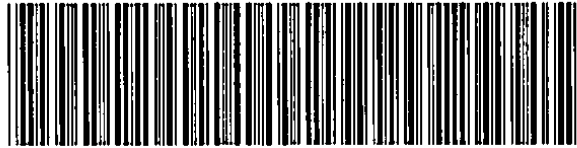
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800355690888

12/04/20--01022--007 **25.00

S TALLENT

JAN 22 2021

2021 DEC -4 PM 1:58

authel
of
Dissolution

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Pediatric Building, L.L.C.

DOCUMENT NUMBER: L01000010443

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip L. Logas, Esq.

(Name of Contact Person)

Philip L. Logas, P.A.

(Firm/Company)

1525 International Parkway, Suite 4021

(Address)

Lake Mary, Florida 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Philip L. Logas

at (407)

(Name of Contact Person) (Area Code)

849-1555

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status & Certified
Copy (Additional copy
is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: New Pediatric Building, L.L.C.

Document number of Limited Liability Company is: L01000010443

Date of dissolution was: March 18, 2020

Description of information that must be included in a written claim:

Nature of the claim and supporting documentation, amount owed, to whom owed, including name, address and tax ID no.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1525 International Parkway

Suite 4021

Lake Mary, Florida 32746

Attn: Philip L. Logas, Esq.

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

Philip L. Logas

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2020 DEC -14 PM 1:58