## L01000004495



(Re	questor's Name)					
<b>,</b>	,					
(Ad	dress)					
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(Address)						
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(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
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98/15/24--01029--009 \*\*25.00



## **COVER LETTER**

\* \* \* \* \* \* \*

TO:	Registration Section Division of Corporations						
SUBJE	Physician Educatonal Services, LLC						
(Name of Limited Liability Company)							
	closed Articles of Dissolution and fee(s) are submreturn all correspondence concerning this matter to						
	Joseph P. Skeens						
		ame of Person)	<del></del>				
	(145	ante of Person)					
	(Fi	іпп/Сотралу)					
	2705 Grafton Street						
	· · · · · · · · · · · · · · · · · · ·	(Address)					
	Sarasota, FL 34231						
	(City/S	tate and Zip Code)					
For fur	ther information concerning this matter, please cal	II:					
	Joseph P. Skeens	941 at (	302-8046				
	(Name of Person)		ode & Daytime Telephone Number)				
Enclose	d 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:	Street Addres	s:				
	Registration Section	Registration Section					
	Division of Corporations	Division of Corporations The Centre of Tallahassee					
	P.O. Box 6327 Tallahassee, FL 32314		or rananassee orroe Street, Suite 810				
	1 analasses, 1 L 32317	Tallahassee, FL 32303					

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liabili	ity company is					
	Physician Educational Services	s, LLC					
2.	The Articles of Organization document number L0100001		124	and assign	ned	*	
	document number		<b></b>				
3.	The delayed effective date the control of the delayed effective Note: If the date inserted in the listed as the document's effective delayed.	date cannot be prior to or more his block does not meet the	e than 90 days later than date of applicable statutory filing to	locument is re-	ceived for this date	filing) will not	be
4.	A description of occurrence	that resulted in the limite	d liability company's di	ssolution pu	rsuant to	section	l
	605,0707, Florida Statutes, (	, •			i i na nami i		
	The managing partner of the af	orementioned LLC has tent	ed and this citity win no it	mger provide	. Its SCIVI	.cs.	
	The managing partner of the aformation of the af					2	
		2705 Gn	acton St	ncet	: 	G 3	
		Garrisota	FL 34	231	5.55 5.55 75.55	=======================================	
						<u> </u>	
6. ai	Signature of an authorized pove to wind up the company	person or if there are no no's activities and affairs:	nembers, the signature of	the person	appointe	d and li	sted
		T.					
	Jarowy.	1 Della	Joseph P Skeens				
	Signature		Printed	Name			

FILING FEE: \$25.00