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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	_
The enclosed Articles of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Dr. Harry K. Moon (Name of Person)	
Himmarshee Surgical Partners. (Firm/Company) ASS SARE AND St.	
Fort Lauderdale, FL 33301 (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)	T
For further information concerning this matter, please call:)
Dr. Harry Moon at 954, 463.5208 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount: V\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	!

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number
colution pursuant to section
21 TAL
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W I
ave been paid or discharged. ities pursuant to s. 608.4421.
accordance with their respective
t, order or decree which may be
ssary to approve the dissolution:
Printed Name
K. Moon

FILING FEE: \$25.00