Lozoposinag

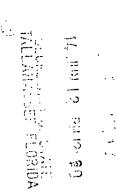
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
T.
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.





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05/05/14--01007--001 **25.00



J. Shivers JUN 16 2006



May 13, 2014

DAVID PARKER 1650 WINDING CREEK RD DUNEDIN, FL 34698

SUBJECT: HARBORSIDE FAMILY MEDICINE, P.L.

Ref. Number: L02000031409

We have received your document for HARBORSIDE FAMILY MEDICINE, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 314A00010214

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

	tegistratio	n Section Corporations		
D	11131011 01	Corporations		
SUBJEC		borside Fam		e, P.L.
DOCUM	IENT NUN	1BER: L020000	031409	
				on and fee are submitted for filing.
Please re	turn all cor	espondence concerning	this matter to the fo	ollowing:
Davi	d Park	er		
		(Name of C	Contact Person)	
Harb	orside			
		(Firm	/Company)	
1650) Wind	ing Creek Rd		
		(Ac	ldress)	
Dune	edin, F	L 34698		
		(City/Stat	e and Zip Code)	
For furth	er informat	ion concerning this mat	ter, please call:	
David Parker			at (727	776-3438
	(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed	l is a check	for the following amou	nt:	
■\$25 Fil	ling Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy (Additional copy is er	& \$\sigma\$\$ \$60 Filing Fee, Certificate of Status & closed) Certified Copy (Additional copy is enclosed)
E F	AMENDER A Amendment Division of P.O. Box 63 Fallahassee,	Section Corporations 27	I (2	TREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Harborside Family Medicine, P.L.
2.	The Articles of Organization were filed on Nov 21, 2002 and assigned
	document number <u>L02000031409</u>
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).
	The business was reorganized into
	a new corporation when a partuer
	resigned in 2007. This corporation
	has been mactive since Please dissolveit,
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
	Der Park David Parker
	Signature Printed Name
	FILING FEE: \$25.00 A realy Paid