

L02000031409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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767



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00010214

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Harborside Family Medicine, P.L.

**DOCUMENT NUMBER:** L02000031409

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

Please return all correspondence concerning this matter to the following:

**David Parker**

(Name of Contact Person)

**Harborside**

(Firm/Company)

**1650 Winding Creek Rd**

(Address)

**Dunedin, FL 34698**

(City/State and Zip Code)

For further information concerning this matter, please call:

**David Parker**

(Name of Contact Person)

at ( **727** )

(Area Code)

**776-3438**

(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:**

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

**STREET ADDRESS:**

Amendment 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

Harborside Family Medicine, P.L.

2. The Articles of Organization were filed on Nov 21, 2002 and assigned

document number L02000031409

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for 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 partner  
resigned in 2007. This corporation  
has been inactive since. Please dissolve it.

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. 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:

David Parker  
Signature

David Parker  
Printed Name

FILING FEE: \$25.00

Already Paid

FILED  
NOV 21 2002  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA  
605.0707