

L02000031510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

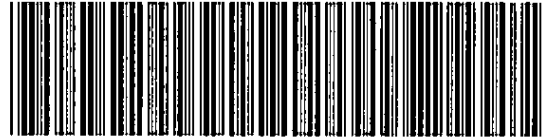
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/10/22--01014--023 **55.00

FILED
2022 MAY 10 PM 2:59
CLERK OF COURT
JULIA A. BROWN

JUN 30 2022
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MANDARIN MEDICAL PLAZA, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS ANEZ

(Name of Person)

(Firm/Company)

9765 SAN JOSE BLVD, STE. 102

(Address)

JACKSONVILLE, FL

(City/State and Zip Code)

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MAY 10 2022
TALLAHASSEE, FL

2022 MAY 10 PM 2:59

For further information concerning this matter, please call:

LUIS ANEZ

904

260-5757

at ()

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed 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:

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MANDARIN MEDICAL PLAZA, LLC

2. The Articles of Organization were filed on 11/19/2002 and assigned

document number L02000031510

3. The delayed effective date the dissolution if not effective on the date of filing: 05/30/2022

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

CONSENT OF ALL MEMBERS

CONSENT OF ALL MEMBERS

CONSENT OF ALL MEMBERS

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:

Signature

LUIS ANEZ

Printed Name

FILING FEE: \$25.00

2022 MAY 16 PM 2:59

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: MANDARIN MEDICAL PLAZA,LLC

Document number of Limited Liability Company is: L02000031510

Date of dissolution was: 05/30/2022

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

NAME, ADDRESS, CONTACT INFORMATION AND DESCRIPTION OF UNPAID CLAIM TO INCLUDE

DATE SERVICES RENDERED.

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

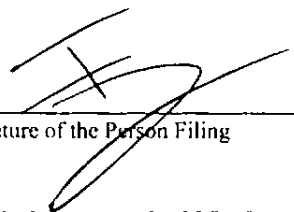
9765 SAN JOSE BLVD.,STE. 102

JACKSONVILLE, FL. 32257

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.

LUIS ANEZ

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

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2022 MAY 10 PM 2:59