

L62600033657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

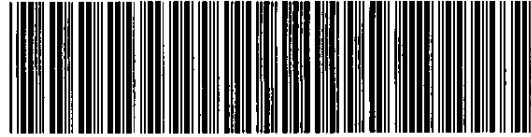
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/21/11--01015--024 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 21 PM 1:57

T. HAMPTON

FEB 21 2011

EXAMINER

Wrong form

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kornberg Management, 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:

Elliot Kornberg MD
(Name of Person)
Kornberg Management, LLC
(Firm/Company)
650 N. Atlantic Ave PHS
(Address)
Cocoa Beach, FL 32931
(City/State and Zip Code)

For further information concerning this matter, please call:

Elliot Kornberg MD at (321) 783 7079
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☐ 30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

*Already paid \$35 - see
Enclosed letter*

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 FEB 21 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 26, 2011

ELLIOT KIRNBERG
650 N ATLANTIC AVE
PH5
COCOA BEACH, FL 32931

SUBJECT: KORNBERG MANAGEMENT, LLC
Ref. Number: L02000033057.

We have received your document for KORNBERG MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 811A00002218

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 21 PM 11:57

1. The name of a limited liability company is

Koraberg Management, LLC

2. The Articles of Organization were filed on Dec 10, 2002 and assigned document number

202000033057

3. The date the dissolution was approved: Dec 12, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

608.441 (1)c Upon written consent of all the members

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Elliot Kornberg MD
Patti Kornberg

Printed Name

Elliot Kornberg MD
Patti Kornberg

FILING FEE: \$25.00