1020000 33365

(Re	equestor's Name)	
(Ad	ldress)	
<u> </u>	idress)	
(rio	(Micoo)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
i		
		9/28
	Office Use Only	11/8



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SECTION OF STATE

단 19 PH 2:

COVER LETTER

TO: Registration Se Division of Con				
SUBJECT: Allapatt	ah Medical Clinic, LL			
3	(Name of L	imited Liability Company)		
2				
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
_				
Ana	Benitez-Wiggins		 -	
		(Name of Person)		
New	/ Horizons CMHC	, Inc.	5e	05 SI
		(Firm/Company)	- Marie Eric	-9
. 131	3 Northwest 36th	Street - Suite #400		19 P
		(Address)		≖
Miar	ni, Florida 33142		A Care	PM 2: 0
		y/State and Zip Code)	<u>· </u>	
For further information	concerning this matter, please	call:		
2 of tacker minimumon	ooneoning in a marror, process	Vali		
Ana Benitez-Wiggins at (305) 635-0366				
	(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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327	Registration Sec Division of Corp Clifton Building	orations	
Talla	hassee, FL 32314	2661 Executive (Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is				
Allapattah Medical Clinic, LLC				
2. The Articles of Organization were filed on Decem	ber 12, 2002	and assigned docum	ent numi	ber
L02000033365				
	•	•	₽SS	S
3. The date the dissolution was approved: December	er 31, 2004		25	ST.
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co		dissolution pursuant to s	ection	7
The business was closed as of Decemb	er 31, 2004		11	
			OST STATE	7
5. CHECK ONE:				
All debts, obligations and liabilities of the li	imited liability compar	y have been paid or disc	harged.	
-OR- Adequate provision has been made for the d	lebts, obligations and l	iabilities pursuant to s. 60	08.4421.	
6. All remaining property and assets have been distriburights and interests.	ited among its member	s in accordance with the	ir respect	ive
7. CHECK ONE:				
There are no suits pending against the comp	oany in any court.			
OR- Adequate provision has been made for the sentered against it in any pending suit.	•	ment, order or decree wh	nich may	be
gnatures of the members having the same percentage of	membership interests	necessary to approve the	dissoluti	on:
Signature	Signature Printed Name			
Enlinan Brot	Evalina W. Bestman, Ph.D			
Inal Nugarie	Ana Ber	itez-Wiggins		 -

FILING FEE: \$25.00