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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Peter F. LoFaso, D.O., L.L.C.

(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:

Peter F. LoFaso, D.O.	 2
(Name of Person)	THE NOW 2
(Firm/Company)	
9385 Equus Circle	
(Address)	
Boynton Beach, FL 33472	ॐुः ः वस्त
(City/State and Zip Code)	

For further information concerning this matter, please call:

PETER LoFASO D.O. at (561) 601-3531

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

 ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

ρ \$60.00 Filing Fee,
 Certificate of Status &
 Certified Copy
 (additional copy is enclosed)

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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	Printed Name	
Peter F. L	ofaso, D.O.	
		
		
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