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(City/State/Zip/Phone #)

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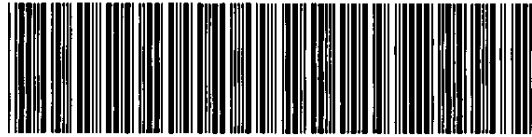
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY - 7 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2009

ALAN LICHTENSTEIN, M.D.
PO BOX 3978
SEMINOLE, FL 33775-3978

SUBJECT: ADVANCED ANESTHESIA SPECIALISTS, P.L.L.C.
Ref. Number: L03000016570

We have received your document for ADVANCED ANESTHESIA SPECIALISTS, P.L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$60.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 909A00013864

2009 MAY -6 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



April 28, 2009

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Per your attached letter, please find a check in the amount of \$60.00 for the filing fee, certificate of status, and certified copy of the voluntary dissolution of Advanced Anesthesia Specialists, PLLC per the form I previously filed with your office that is in your files.

Please send the above documents as soon as possible.

Thank you for your assistance.

Sincerely,

Alan Lichtenstein M.D.

FILED
2009 MAY 6 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Alan Lichtenstein, M.D.
Board Certified Anesthesiologist

PO Box 3978
Seminole, FL 33775-3978

727-424-2660
727-399-8383 (Fax)

knockUout@zzzzdoc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Anesthesia Specialists, PLLC
(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:

Alan Lichtenstein, M.D.

(Name of Person)

Advanced Anesthesia Specialists, PLLC

(Firm/Company)

PO Box 3978

(Address)

Seminole, FL 33775-3978

(City/State and Zip Code)

2009 MAY -6 AM 9:44
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Alan Lichtenstein, M.D.

(Name of Person)

at (727) 424-2660

(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)

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**

1. The name of a limited liability company is

Advanced Anesthesia Specialists, PLLC

2. The Articles of Organization were filed on May 9, 2003 and assigned document number L03000016570

3. The date the dissolution was approved: March 31, 2009

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).

The dissolution was approved upon written consent of all shareholders of
Advanced Anesthesia Specialists, PLLC.

The dissolution will be effective April 30, 2009.

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

Alan Lichtenstein M.D.

Printed Name

Alan Lichtenstein, M.D.