

L030000024195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L03-24195

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400145391894

04/15/09--01001--023 **30.00

FILED
09 APR 15 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Outagam APR 15 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2009

MICHAEL SCHIESS
PRIORITY OPEN MRI OF BOCA
880 NW 13TH STREET, SUITE 101
BOCA RATON, FL 33486

SUBJECT: MRI MANAGEMENT SPECIALTY, LLC
Ref. Number: L03000024195

We have received your document for MRI MANAGEMENT SPECIALTY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 609A00011123

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRI Management Specialty, 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:

Michael Schiess

(Name of Person)

Priority Open MRI of Boca

(Firm/Company)

880 NW 13th Street, Suite 101

(Address)

Boca Raton, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Schiess

(Name of Person)

at (561) 716-7233
(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

FILED

09 APR 15 AM 10:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is
MRI Management Specialty, LLC

2. The Articles of Organization were filed on 07/02/2003 and assigned document number
L03000024195

3. The date the dissolution was approved: 03/25/2009

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 company actually has any activity and the members do not see any
possibility for future activity and income. They decided to close the it.

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



Printed Name

Michael Schiess, Manager Member

FILING FEE: \$25.00