

LD30000034874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

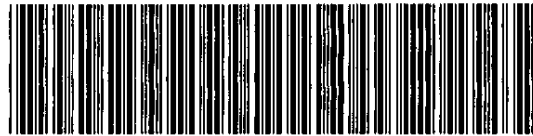
Special Instructions to Filing Officer:

L. SELLERS

JUL -9 2010

EXAMINER

Office Use Only



800172849538

03/24/10--01022--006 **30.00

FILED
10 JUL -8 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jones Surgical Associates 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:

Hubert W Gill, CPA
(Name of Person)

Hubert W. Gill, CPA
(Firm/Company)

1751 University Blvd South
(Address)

Jacksonville, FL 32216
(City/State and Zip Code)

For further information concerning this matter, please call:

Hubert W Gill at (904) 771-5118
(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)

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

March 29, 2010

HUBERT W. GILL CPA
1751 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

SUBJECT: JONES SURGICAL ASSOCIATES, LC
Ref. Number: L03000034874

We have received your document for JONES SURGICAL ASSOCIATES, LC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00007697

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Jones Surgical Associates LLC

2. The Articles of Organization were filed on 9/15/2003 and assigned document number

LO3000034874

3. The date the dissolution was approved: 12/3/2007

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).

This Company could not function
without multiple owners supporting
the business.

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

Kenneth W. Jones

Printed Name

Kenneth W. Jones

FILING FEE: \$25.00

FILED
10 JUL -8 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA