

W4000011966

(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:

Office Use Only



000257467440

03/26/14--01015--003 **25.00

FILED
2014 MAR 26 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 01 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGSND, 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:

ADEL M MOHI-ELDIN, MD

(Name of Person)

A.M. ELDIN, M.D., P.A.

(Firm/Company)

2204 ASHLEY OAKS CIR. STE 102

(Address)

WESLEY CHAPEL, FL 33544

(City/State and Zip Code)

Former address
12082 Cortez Blvd
Brooksville, FL
34613

For further information concerning this matter, please call:

ADEL ELDIN, MD

(Name of Person)

352

592-4938

at (

) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

FILED
2014 MAR 26 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

AGSND, LLC

2. The Articles of Organization were filed on 2-13-2004 and assigned

document number L04000011966

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

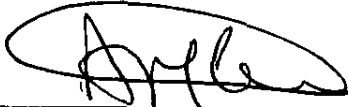
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The Building at 12082
Cortez Blvd, Brooksville, FL was
foreclosed to Regions Bank.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Adel Eldin, MD
2204 Ashley Oaks Circle
Wesley Chapel Tampa FL 33544

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

AGSND, LLC

Printed Name

Adel Eldin

FILING FEE: \$25.00

2014 MAR 26 PM 12:38

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: _____

AGSND, LLC

Document number of Limited Liability Company is: _____

L 040001966

Date of dissolution was: _____

12/31/2013

Description of information that must be included in a written claim:

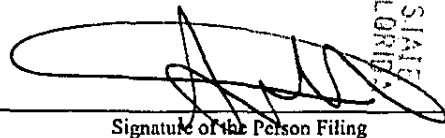
No claims, Building
at 12082 Cortez Pkwy, Brooksville, FL
34613- Was gone to
foreclosure To Region Bank

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2204 Ashley Oaks Circle
Wesley Chapel, FL 33544

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

A. Eldin
Printed Name of the Person Filing


Signature of the Person Filing

FILED
2014 MAR 26 PM 12:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00