

204000013653

(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



200211767202

09/09/11--01003--015 **30.00

FILED
11 SEP -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSOCIATED MEDICAL PRACTICE, 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:

WILLIAM PENA

(Name of Person)

ASSOCIATED MEDICAL PRACTICE, LLC

(Firm/Company)

P.O. BOX 260340

(Address)

PEMBROKE PINES, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM PENA

(Name of Person)

at (954) 439-8859

(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

FILED
11 SEP -9 PM 12 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

ASSOCIATED MEDICAL PRACTICE, LLC

2. The Articles of Organization were filed on FEBRUARY 19, 2004 and assigned document number L04000013653

3. The date the dissolution was approved: APRIL 31, 2010

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).

NO BUSINESS FOR SELLING PRACTICE

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

✓ William Pena

Printed Name

WILLIAM PENA

FILED
11 SEP -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00