

L040000/5600

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2006 JUL -6 P 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2006

NILA ALLEN  
3037 WEST KENNEDY BLVD.  
TAMPA, FL 33609

SUBJECT: FLORIDA PHYSICAL MEDICINE I, LLC  
Ref. Number: L04000015600

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA PHYSICAL MEDICINE I, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 706A00002855

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA PHYSICAL MEDICINE I, 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:

NILA ALLEN

(Name of Person)

FLORIDA PHYSICAL MEDICINE I, LLC

(Firm/Company)

3037 WEST KENNEDY BLVD

(Address)

TAMPA, FLORIDA 33609

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NILA ALLEN

(Name of Person)

at ( 727 ) 347-3213

(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

June 28, 2006

To Whom It May Concern:

The company Florida Physical Medicine I, LLC was already attempted to be dissolved, however the wrong forms were filed. I have corrected the forms. Can you please dissolve this company. The Department kept my check for \$35.00 check #490 and the document number for this LLC is L04000015600. Thank you very much for your promptness and help.

Sincerely,



Nila Allen

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is FLORIDA PHYSICAL MEDICINE I, LLC
2. The Articles of Organization were filed on FEBRUARY 26 2004 and assigned document number LD4000015600
3. The date the dissolution was approved: JUNE 28 2006
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).

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

<u>[Signature]</u>	<u>NIA ALON</u>

**FILING FEE: \$25.00**