

L040000038330

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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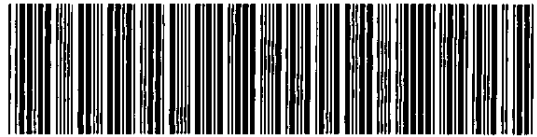
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MAY 13 2009

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 MAY 12 PM 12:27

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newman Center For Women, P. L.
(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:

Joetta B. Newman

(Name of Person)

Newman Center For Women, P.L.

(Firm/Company)

P.O. Box 951873

(Address)

Lake Mary, FL 32795-1873

(City/State and Zip Code)

For further information concerning this matter, please call:

Joetta B. Newman

(Name of Person)

at (407) 222-1602

(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

May 4, 2009

JOETTA B. NEWMAN
219 SPANISH OAK TRAIL
LONGWOOD, FL 32779

SUBJECT: NEWMAN CENTER FOR WOMEN, P.L.
Ref. Number: L04000038330

We have received your document for NEWMAN CENTER FOR WOMEN, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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: 509A00014993

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 MAY 12 PM 12:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

Newman Center For Women, P.L.

2. The Articles of Organization were filed on 5/19/2004 and assigned document number

LO4000038380

3. The date the dissolution was approved: May, 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).

608.441, # 1d, due to the death of the sole member, Willie B. Newman, M.D. I am his wife and personal representative, and am therefore dissolving the corporation. A copy of his death certificate is enclosed.

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

Joetta B. Newman

Joetta B. Newman

FILING FEE: \$25.00