

L04000041374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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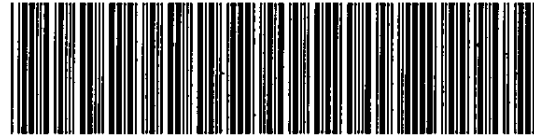
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2007

ORLANDO S. MUNIZ, M.D.  
4230 HOSPITAL DRIVE SUITE 209  
MARIANNA, FL 32446

SUBJECT: ORLANDO S. MUNIZ, M.D., L.L.C.  
Ref. Number: L04000041374

We have received your document for ORLANDO S. MUNIZ, M.D., L.L.C. 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 of 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: 107A00032868

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando S. Muniz, M.D., L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Orlando S. Muniz, M.D.

(Name of Person)

Orlando S. Muniz, M.D., L.L.C.

(Firm/Company)

4230 Hospital Drive, Suite 209

(Address)

Marianna, FL 32446

(City/State and Zip Code)

For further information concerning this matter, please call:

Orlando S. Muniz, M.D.

(Name of Person)

at ( 850 ) 482-6484

(Area Code & Daytime Telephone Number)

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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

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

1. The name of a limited liability company is

Orlando S. Muniz, M.D., L.L.C.

2. The Articles of Organization were filed on May 7, 2007 and assigned document number  
L04000041374

3. The date the dissolution was approved: June 1, 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).

Company ceased to operate on June 1, 2006.

**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

Orlando S. Muniz M.D.

Printed Name

Orlando S. Muniz, M.D.