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SECRETARY OF STATE
TALLAHASSEE, FI OBJE

M. THOMAS

OCT 26 2009

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations					
SUBJECT:	Associates in (Name of L	Dermatology Orlando LLC Limited Liability Company)				
The enclosed Articles	of Dissolution and fee(s) are su	ibmitted for filing.				
Please return all corre	espondence concerning this matt	er to the following:				
	Associa Po is	(Name of Person) Hes in Dernatology (Firm/Company) Rox 692049 (Address) PL 37869 y/State and Zip Code)				
	n concerning this matter, please					
	(Name of Person)	at (407) 846 7546 (Area Code & Daytime Telephone Number)				
Enclosed is a check for t	he following amount:	AHAI				
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	at (407) 846 7546 (Area Code & Daytime Telephone Number) ASA OCT AND ASA OCT ASA OC				
MAILING ADDRESS:		STREET/COURIER ADDRESS:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
	Box 6327	Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability compa	any is				
Associates in	Denstology	orlando	LLC.		
2. The Articles of Organization were filed LO4000090894	d on 12/19	- poor	and assi	gned docume	nt number
3. The date the dissolution was approved:	,				
4. A description of occurrence that resulte 608.441, Florida Statutes, (copy 608.44					
Convert Provided		members	of the L	46	
5. CHECK ONE:					-
All debts, obligations and liabi		-		•	•
All remaining property and assets have rights and interests.		•	•		
7. CHECK ONE:					
There are no suits pending aga	inst the company	in any court.			
Adequate provision has been n entered against it in any pendin	ng suit.			TALLY	2009
natures of the members having the same p	percentage of me	mbership interes	sts necessary to a	ipprove the di	ssolution:
Signature			Printed N	<	23 A)
VE			William	Steele	11:5
	•				
				·	
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