

U05000048849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

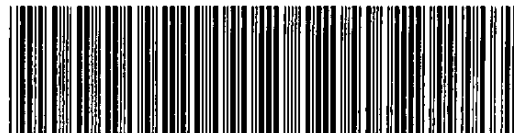
(Document Number)

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11 MAY -3 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 04 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2011

JOHN ERLER  
2105 HIGHWAY 44 W  
INVERNESS, FL 34453

SUBJECT: INVERNESS IMAGING CENTER, LLC  
Ref. Number: L05000048849

We have received your document for INVERNESS IMAGING CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 711A00010465

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11 MAY -3 PM 3:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Inverness Imaging Center 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:

John Erler

(Name of Person)

Inverness Medical Imaging

(Firm/Company)

2105 Highway 44 W

(Address)

Inverness, Florida 34453

(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -3 PM 3:34

FILED

For further information concerning this matter, please call:

John Erler

(Name of Person)

at ( 352 ) 637-6100

(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

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

1. The name of a limited liability company is  
Inverness Imaging Center LLC.

2. The Articles of Organization were filed on 4/25/11 and assigned document number  
105000048849

3. The date the dissolution was approved: 1/31/11

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 longer conducting business.

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

Charles Zachar

Printed Name

CHARLES ZACHAR