

L05000049394

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(City/State/Zip/Phone #)

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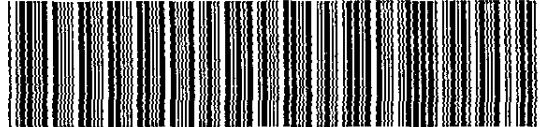
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Special Instructions to Filing Officer:

*02/23*

L05-49394

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 23 PM 1:52

APPROVED  
AND  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FAMILY PRACTICE AND MEDICAL WALK-IN, LLC  
(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:

NIJA ALLEN  
(Name of Person)

FAMILY PRACTICE AND MEDICAL WALK-IN, LLC  
(Firm/Company)

5728 5<sup>TH</sup> AVE. NORTH  
(Address)

ST. PETERSBURG, FL 33710  
(City/State and Zip Code)

For further information concerning this matter, please call:

NIJA ALLEN at ( 727 ) 347-3213  
(Name of Person) (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

January 13, 2006

NILA ALLEN  
3037 W. KENNEDY BLVD.  
TAMPA, FL 33609

SUBJECT: FAMILY PRACTICE AND MEDICAL WALK-IN CLINIC, L.L.C.  
Ref. Number: L05000049394

We have received your document for FAMILY PRACTICE AND MEDICAL WALK-IN CLINIC, 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 506A00002854



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

NILA ALLEN  
5778 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33710

SUBJECT: FAMILY PRACTICE AND MEDICAL WALK-IN CLINIC, L.L.C.  
Ref. Number: L05000049394

We have received your document for FAMILY PRACTICE AND MEDICAL WALK-IN CLINIC, 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):

Per your instructions, this is being sent to an alternate address as the address this office has on file is no longer valid.

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 406A00008852

APPROVED  
AND  
FILED

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

06 FEB 23 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

FAMILY PRACTICE AND MEDICAL WALK-IN, LLC

2. The Articles of Organization were filed on 5/18/2005 and assigned document number

LO5000049394

3. The date the dissolution was approved: 7/1/2005

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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

[Signature]

NINA ALLEN

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