

L05000074557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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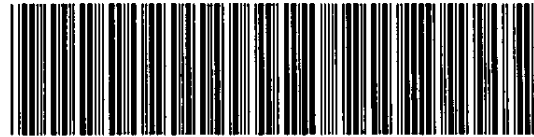
(Business Entity Name)

(Document Number)

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2014 JAN 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI GASTROENTEROLOGY ASSOCIATES, 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:

NELSON GARCIA JR.
(Name of Person)

MIAMI GASTROENTEROLOGY ASSOCIATES, LLC
(Firm/Company)

8200 SW 117 AVE, SUITE #110
(Address)

MIAMI, FL ~~33133~~ 33183
(City/State and Zip Code)

For further information concerning this matter, please call:

NELSON GARCIA JR. at (305) 274-5500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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



Board Certified in Gastroenterology and Hepatology

January 22, 2014

To: Registration Section Division of Corporation

The enclosed cover sheet is to inform of the dissolution of the corporation. If you would have any question please contact my office.

Miami Gastroenterology Association LLC

8200 SW 117 AVE Suite #110

Miami, FL 33183

305-274-5500 Phone

Thank you,

Nelson Garcia Jr M.D.

A handwritten signature in black ink, appearing to be "Nelson Garcia Jr", written over the printed name.