

LOS 000077623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

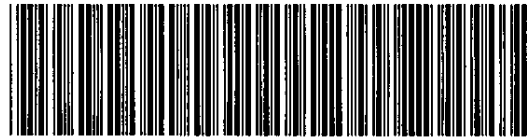
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800264722438

09/29/14--01039--010 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 29 PM 1:47

FILED

OCT - 6 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consolidated Diagnostic Imaging, 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:

Raymond G. Robison

(Name of Person)

Fox, Wackeen, Dungey, et. al., LLP

(Firm/Company)

3473 SE Willoughby Boulevard

(Address)

Stuart, Florida 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Sigafosse

(Name of Person)

772

287-4444

at (

(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

2014 SEP 29 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Consolidated Diagnostic Imaging, LLC
2. The Articles of Organization were filed on August 5, 2005 and assigned
document number L05000077623
3. The delayed effective date the dissolution if not effective on the date of filing: 09/30/2014
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Written consent of all members of the limited liability company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs: _____


Signature

LEN SPOONER, Manager
Printed Name

FILING FEE: \$25.00

2014 SEP 29 PM 1:47
SECRETARY OF STATE
ITALIANA@SEC.REGIONA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Consolidated Diagnostic Imaging, LLC

Document number of Limited Liability Company is: L05000077623

Date of dissolution was: September 30, 2014

Description of information that must be included in a written claim:

Written consent of all members of the limited liability company.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

c/o Len Spooner

9950 S OCEAN DRIVE, UNIT 1904

JENSEN BEACH, FL 34957

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

LEN SPOONER, manager

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 29 PM 1:47

FILED