

105000113677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

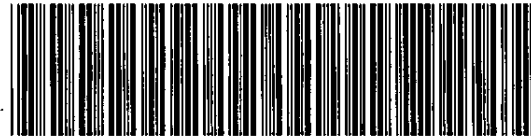
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 23 AM 11:52

FILED

K. SALY

JAN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2017

AGGARWAL MEDICAL ASSOCIATES
MUKESH AGGARWAL
1045 N COURTENAY PKWY
MERRITT ISLAND, FL 32953

SUBJECT: SPYGLASS EYE CLINIC OF VIERA, LLC
Ref. Number: L05000113677

RECEIVED
2017 JAN 23 PM 3:56
DEPT. OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SPYGLASS EYE CLINIC OF VIERA, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00000758

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPYGLASS EYE CLINIC OF VIERA, 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:

Mukesh Aggarwal
(Name of Person)

AGGARWAL MEDICAL ASSOCIATES, LLC
(Firm/Company)

1045 N COURTNEY BLVD
(Address)

Merritt Island, FL 32953
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Spahr at (321) 453-3937
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2017 JAN 23 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SPYGLASS EYE CLINIC OF VIERA, LLC

2. The Articles of Organization were filed on 11/28/05 and assigned

document number LC5000113677

3. The delayed effective date the dissolution if not effective on the date of filing: 8/21/16
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

MOVED location from Viera to Melbourne

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Mukesh AGGARWAL

1045 N. COURTENAY PKWY

Merritt Island, FL 32953

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:

Mukesh Aggarwal
Signature

Mukesh AGGARWAL
Printed Name

FILING FEE: \$25.00

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: SPYGLASS EYE CLINIC of Viera, LLC

Document number of Limited Liability Company is: LO5000113677

Date of dissolution was: 8/21/16

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

DATE OF SERVICE
reason for visit
NAME & DATE of birth

FILED
2017 JAN 23 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1045 N COURTENAY PLAZA
Merritt Island, FL 32953

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.

MIKE SPAIN
Printed Name of the Person Filing

Mike Spain
Signature of the Person Filing

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