

LO5000121056

(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



800258843238

04/11/14--01025--021 **55.00

FILED

2014 APR 11 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carolyn F. Elmore CRNA PLC
(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:

Carolyn F. Elmore
(Name of Person)
Carolyn F. Elmore CRNA PLC
(Firm/Company)
16675 SW 25th Terrace Road
(Address)
Ocala, Florida 34473
(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn F. Elmore at (352) 245-5560
(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**

1. The name of a limited liability company is

Carolyn F. Elmore PLC

2. The Articles of Organization were filed on 12/20/05 - 11/1/06
2005-2009 and assigned

document number *25324 L05000121056

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Retirement

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

Carolyn F. Elmore
16675 S.W. 25th Terrace Rd.
Ocala, Fla. 34473

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:

Carolyn F. Elmore
Signature

Carolyn F. Elmore
Printed Name

FILING FEE: \$25.00

2014 APR 11 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED