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COVER LETTER

TO: Registration Section Division of Corporations

Dissolve of American Radiology Services Banyan Center, 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:

Mark J. Marzano, M.D.

(Name of Person)

(Firm/Company)

2338 Immokalee Road, #116

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

Janie Barton

__239 \ 384-948

(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

The name of a limited liability company is American Radiology Services Banyan Center, LLC				
2.	The Articles of Organization	were filed on	6 and assigned	
	document number L06000028	761	-	
3.	. The delayed effective date the dissolution if not effective on the date of filing: (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 listed as the document's effective date on the Department of State's records.			
4.	A description of occurrence the 605.0707, Florida Statutes, (co	hat resulted in the limite opy 605.0707 on back c	ed liability company's dissolution pursuant to section over letter).	
	Business slow causing to have to	close.		
5.	If there are no members, enter activities and affairs:	r the name and address of	of the person appointed to wind up the company's	
6	Signature of an authorized ne	rson or if there are no m	nembers, the signature of the person appointed and	
lis	ted above to wind up the comp	pany's activities and affa	nembers, the signature of the person appointed and airs:	
/	Mari & hom	` >/~	Mark J. Marzano, M.D.	
	(C		Printed Name	

FILING FEE: \$25.00

