

16000038878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

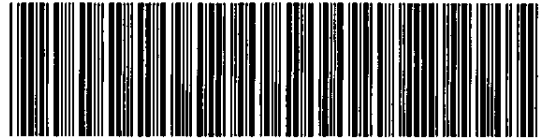
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*al*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2007

RONELL KIRKLEY  
2294 8TH AVE APT 5B  
NEW YORK, NY 10027

SUBJECT: R.S.K. ANESTHESIA LLC  
Ref. Number: L06000038878

We have received your document for R.S.K. ANESTHESIA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 507A00020770

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** R.S.K. Anesthesia 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:

Ronell S. Kirkley  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2294 8th Ave Apt 5B  
(Address)

NY NY 10027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronell S. Kirkley at ( 917 ) 622-5481  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ 25.00 Filing Fee

☒ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

R.S.K. Anesthesia LLC

2. The Articles of Organization were filed on 4-14-06 and assigned document number

L-06000038878

3. The date the dissolution was approved: 3-25-07

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Will no longer be providing services or doing  
business under this name effective 3-30-07

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

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TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Ronell S. Kirkley

Printed Name

Ronell S. Kirkley