

L06000005/005

(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



600083584536

01/09/07--01020--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 24 PM 2:16

J. BRYAN JAN 10 2007

J. BRYAN JAN 24 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2007

DON LERNER
836 PRUDENTIAL DR. #1802
JACKSONVILLE, FL 32207

SUBJECT: ATLANTIC COAST EAR, NOSE & THROAT SPECIALIST PLLC
Ref. Number: L06000051005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 24 PM 2:16

We have received your document for ATLANTIC COAST EAR, NOSE & THROAT SPECIALIST PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions 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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 807A00002197

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Coast Ear, Nose & Throat Specialist PLLC
(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:

Don Lerner
(Name of Person)
Don N. Lerner M.D.P.A.
(Firm/Company)
836 Prudential Dr. #1802
(Address)
Jacksonville FL 32207
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 24 PM 2:16

For further information concerning this matter, please call:

Don N. Lerner at (904) 398-5301
(Name of Person) (Area Code & Daytime Telephone Number)

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

Atlantic Coast Ear, Nose & Throat Specialist, PLLC

2. The Articles of Organization were filed on May 17, 2006 and assigned document number

L06000051005

3. The date the dissolution was approved: Dec. 30, 2006

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).

closure of medical practice

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.

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

Signature

Printed Name

Don N. Lerner

Don N. Lerner