

L06000059255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECONDARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Gulligan

DEC 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CR Miami Med, 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:

Nicole Zuckerman-Morris

(Name of Person)

Canyon Ranch

(Firm/Company)

8600 E. Rockcliff Road

(Address)

Tucson, Arizona 85750

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Zuckerman-Morris

(Name of Person)

520

at ()

749-9655 x. 4896

(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

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1. The name of a limited liability company is
CR Miami Med, LLC

Written consent of members.

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:

Printed Name**FILING FEE: \$25.00**