

106 0000 72200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

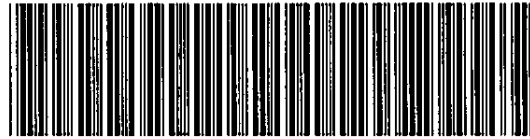
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Total Doctor Solutions, LLC

Phone: (847) 250-5470

1137 N. Prospect Ave. #C100 Itasca, IL 60143

Fax: (847) 250-5521

December 24, 2013

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Subject: Dissolution of Total Doctor Solutions, LLC

**Dissolution of Total Doctor Solutions, LLC.
1137 N Prospect Ave C100
Itasca, IL 60143**

Phone 847-250-5470

Fax 847-250-5521

Please see the attachment dissolve a Florida Limited Liability Company

Total Doctor Solutions, LLC



Dennis Massar

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Doctor Solutions, 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:

Dennis Massar
(Name of Person)
Total Doctor Solutions, LLC
(Firm/Company)
1137 N. Prospect Avenue C100
(Address)
Itasca IL 60143
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Massar at (847) 250-5470
(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

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TALLAHASSEE
FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Total Doctor Solutions, LLC
2. The Articles of Organization were filed on 07/19/2006 and assigned
document number L06000072200
3. The delayed effective date the dissolution if not effective on the date of filing: Dec 31 2013
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).
The consent of all the members
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:

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:

Signature

Printed Name

Dennis Massar

DENNIS MASSAR

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA
SECRETARY OF STATE