

LL000089380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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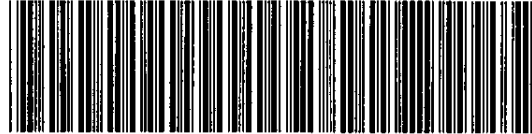
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 26 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prosper Abitol, D.O., 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:

Joni Brown

(Name of Person)

GastroCare, LLP

(Firm/Company)

5431 N University Drive

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Joni Brown

(Name of Person)

954

344-2522

at (

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

1. The name of a limited liability company is
Prosper Abitol, D.O., LLC
2. The Articles of Organization were filed on 9/12/2006 and assigned
document number L06000089380
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)
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).
Member termination
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Joni Brown, Chief Operating Officer, GastroCare, LLP
5431 N University Drive
Coral Springs, FL 33067
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

Joni Brown

Printed Name _____

FILING FEE: \$25.00