

LO6 0000 965 05 /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

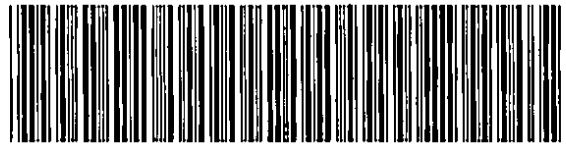
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 MAY 13 A 2:46  
TALLAHASSEE FLORIDA

RECEIVED  
MAY 24 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BACHAR DAHMAN MD 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)

GASTRO CARE, LLP

(Firm/Company)

5431 N UNIVERSITY DR

(Address)

CORAL SPRINGS FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

JONI BROWN

(Name of Person)

at (

954 ) 344 2522 x 302

(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is

BACHAR DAHMAN MD, LLC

2019 MAY 13 A 2:46

2. The Articles of Organization were filed on 10/03/2006 and assigned

TALLAHASSEE, FLORIDA

document number L06000096505

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

LOCATION CLOSED

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

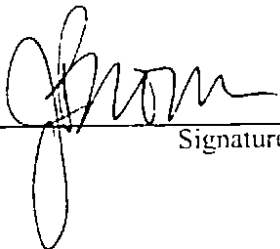
JONI BROWN

GASTRO CARE, LLP

5431 N UNIVERSITY DR

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