

L06000103/42

(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:

CORRECTION PER CONVERSATION
WITH STEVEN STROHL 9-6-2012
KS

Office Use Only



500238079155

08/06/12--01016--007 **35.00

FILED
12 SEP -5 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP -6 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2012

INTEGRATED DERMATOLOGY OF BOCA LLC
GERRY CHRISTOPHER
902 CLINT MOORE RD, STE. 226
BOCA RATON, FL 33487

SUBJECT: INTEGRATED DERMATOLOGY OF BOCA LLC
Ref. Number: L07000020586

We have received your document for INTEGRATED DERMATOLOGY OF BOCA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 612A00020658

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrated Dermatology of Boca, 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:

Gerard Christopher

(Name of Person)

Integrated Dermatology of Boca, LLC

(Firm/Company)

902 Clint Moore Road, Suite 226

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Strohl

(Name of Person)

at (561) 314-2000

(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**

FILED
12 SEP 25 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Integrated Dermatology of Boca, LLC

2. The Articles of Organization were filed on 1/1/08 and assigned document number
L0600103142

3. The date the dissolution was approved: 2/28/2011

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).

BUSINESS CLOSED

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.

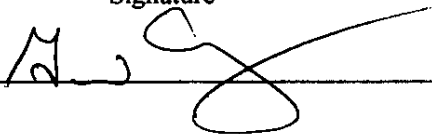
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

Gerard Christopher