

L07000000 4496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

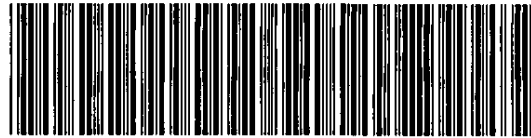
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

eff 12/31/16

Office Use Only



900290837649

10/03/16--01045--006 **25.00

16 OCT -3 AM 10:59

FILED
CLERK OF COURT
CLERK OF COURT

OCT 05 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIATION ONCOLOGY OF WEST FLORIDA 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:

CRAIG MIERCORT

(Name of Person)

RADIATION ONCOLOGY OF WEST FLORIDA LLC

(Firm/Company)

5810 BAHAMA SHORES DR S

(Address)

ST PETERSBURG, FL 33705-5428

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID R SMITH, CPA

(Name of Person)

at (727) 741-3443

(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

- 16 OCT -3 AM 10 59

[illegible]

CRAIG R MIERCORT

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RADIATION ONCOLOGY OF WEST FLORIDA LLC

Document number of Limited Liability Company is: L07000004496

Date of dissolution was: 12/31/2016

Description of information that must be included in a written claim:

DATE OF CLAIM

AMOUNT OF CLAIM

DESCRIPTION OF CLAIM

SIGNATURE OF PARTY AUTHORIZING CLAIM, IF APPLICABLE

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

CRAIG R MIERCORT

5810 BAHAMA SHORES DR S

ST PETERSBURG FL 33705-5428

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CRAIG R MIERCORT

Printed Name of the Person Filing


(Signature of the Person Filing)

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

16 OCT -3 AM 10:59

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS