

LD7000038293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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G. MCLEOD

JUN - 2 2009

EXAMINER



600155658766

05/11/09--01006--005 **25.00

Date

09 JUN - 1 PM 2:25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2009

RAFAEL TAVARES
5901 LEEDS LANE
DAVIE, FL 33331

SUBJECT: LASER MEDICAL SERVICES, LLC
Ref. Number: L07000038293

We have received your document for LASER MEDICAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 609A00016429

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: laser Medical Services 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:

RAFAEL TAVARES
(Name of Person)
laser Medical Services LLC
(Firm/Company)
5901 Leeds Lane
(Address)
Davie FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL TAVARES at 786 218-5248
(Name of Person) (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**

1. The name of a limited liability company is

laser Medical services, LLC

2. The Articles of Organization were filed on 4/30/09 and assigned document number

3. The date the dissolution was approved: 4/23/09

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).

LOSS OF INCOME revenue, clients, service contracts
COST OF LIVING.

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

Rafael TC

RAFAEL TAVARES

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
09 JUN - 1 PM 2:25