

107000042362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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2016 OCT -3 PM 3:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT - 4 2016

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Precision Surgical 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:

Yvette Zembrzusi  
(Name of Person)  
Precision Surgical Services LLC  
(Firm/Company)  
850 Ft. Pickens Rd, Unit 720  
(Address)  
Pensacola Bch., FL 32561  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yvette Zembrzusi at ( 407 ) 394 8971  
(Name of Person) (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  
2016 OCT -3 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Precision Surgical Services, LLC

2. The Articles of Organization were filed on 4/19/2007 and assigned

document number L07000042362

3. The delayed effective date the dissolution if not effective on the date of filing: 9/30/2016  
(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).

Stagnant Business Growth and disagreement  
between members.

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

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

Yvette Zembrzusi  
Printed Name

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: Precision Surgical Services, LLC

Document number of Limited Liability Company is: L07000042362

Date of dissolution was: 09/30/2016

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

Details of claim

Claim amount

Contact person

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

3356 Laurel Dr.

Gulf Breeze, FL 32563

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.

Yvette Zembruski  
Printed Name of the Person Filing

Yvette Zembruski  
Signature of the Person Filing

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

FILED  
2016 OCT -3 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA