

LO7000050451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

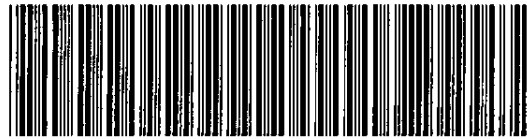
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APR 20 2011

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11 APR 18 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Lake Medical Arts Center, 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:

Alan Sakowitz

(Name of Person)

Sakowitz & Sakowitz

(Firm/Company)

1111 Kane Concourse-Suite 401F

(Address)

Bay Harbor Islands, FL 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan Sakowitz

(Name of Person)

at (305) 655-1234

(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
South Lake Medical Arts Center, LLC

2. The Articles of Organization were filed on May 11, 2007 and assigned document number
L07000050451

3. The date the dissolution was approved: April 14, 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).

The filing of the Articles of Organization and the Annual Reports were a duplicate of Document L06000031696

and were filed in error. These Articles of Dissolution are to correct the public record and to clarify that only one such entity with the
name South Lake Medical Arts Center, LLC exists and is in good standing.

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

Alan Sakowitz

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TALLAHASSEE, FLORIDA

FILING FEE: \$25.00