

W07000053650

(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:

Office Use Only



800134948618

08/27/08--01020--018 **30.00

FILED
2008 AUG 27 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 28 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anesthesia Compliance Associates 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:

Melissa Fleck
(Name of Person)

(Firm/Company)

615 45th Ave E
(Address)

Ellenton FL 34222
(City/State and Zip Code)

2008 AUG 27 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Melissa Fleck at (941) 722-7234
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☒ \$40.00 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

Anesthesia Compliance Associates LLC

2. The Articles of Organization were filed on 5/25/2007 and assigned document number

L07000053650.

3. The date the dissolution was approved: 8/25/08

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).

We decide we were not going to pursue this
business.

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.

FILED
2008 AUG 26 11:09
TALLAHASSEE FLORIDA
CLERK OF THE CIRCUIT COURT

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

David H. Thornton
M Fleck

David H. Thornton
Melissa Fleck