

LO70000072698

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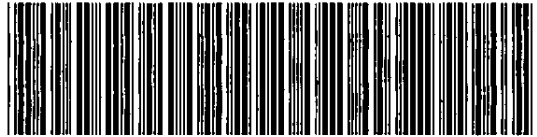
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L. SELLERS

NOV - 3 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of LLC Corp.

DOCUMENT NUMBER: L07000072698

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. LORNE S. STITSKY
(Name of Contact Person)

PERSONAL CHOICE FAMILY PRACTICE OF JUPITER LLC
(Firm/Company)

4601 Military TRAIL #209
(Address)

JUPITER, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

LORNE S. STITSKY, D.O. at (561) 779-1520
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2009

DR. LORNE S. STITSKY
4601 MILITARY TRAIL #209
JUPITER, FL 33458

SUBJECT: PERSONAL CHOICE FAMILY PRACTICE OF JUPITER, L.L.C.
Ref. Number: L07000072698

We have received your document for PERSONAL CHOICE FAMILY PRACTICE OF JUPITER, L.L.C. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 809A00033082

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is PERSONAL CHOICE FAMILY PRACTICE LLC OF JUPITER

2. The Articles of Organization were filed on 7-12-2007 and assigned document number 207000072698

3. The date the dissolution was approved: 10/7/09

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).

CORP. CHANGE TO PCFP INC.

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.

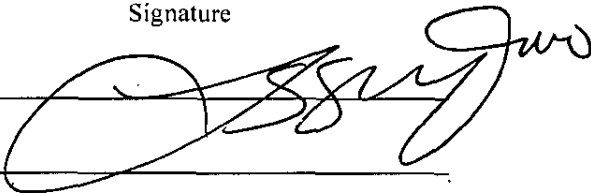
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

LOARNE S STITSKY, MD

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09 NOV -3 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE: \$25.00