

LD7000074806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

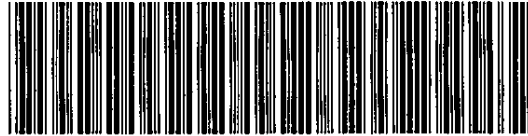
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100279394371

01/27/16--01001--003 **25.00

FILED

2016 JAN 25 A 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIMECARE SOUTH TAMPA, 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:

Haksoo Stephen Lee

(Name of Person)

Law Offices of H.S. Stephen Lee, P.A.

(Firm/Company)

3411 West Fletcher Avenue, Suite A

(Address)

Tampa, Florida 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

Haksoo Stephen Lee

(Name of Person)

at (813) 606-4533
(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

2018 JAN 25 A 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
PRIMECARE SOUTH TAMPA, LLC

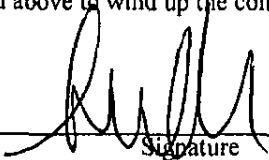
2. The Articles of Organization were filed on 07/25/2007 and assigned
document number L07000076806

3. The delayed effective date the dissolution if not effective on the date of filing: 01/20/2016
(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).
The consent of all the 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

Austin Cho
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 25 A 10:54

FILED