

L0700003127

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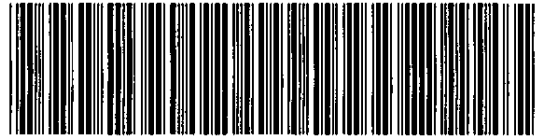
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L07-83127



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 25 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrea M Scremin mD 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:

Andrea Scremin
(Name of Person)

(Firm/Company)

612 W. Stratford Pl. #2
(Address)

Chicago IL 60657
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Andrea Scremin at 312 730 0622
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2009

ANDREA M. SCREMIN M.D.
612 W STRATFORD PL #2
CHICAGO, IL 60657

SUBJECT: ANDREA M. SCREMIN, M.D., LLC
Ref. Number: L07000083127

We have received your document for ANDREA M. SCREMIN, M.D., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 609A0002821

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2009

ANDREA M. SCREMIN M.D.
612 W STRATFORD PL #2
CHICAGO, IL 60657

SUBJECT: ANDREA M. SCREMIN, M.D., LLC
Ref. Number: L07000083127

We have received your document for ANDREA M. SCREMIN, M.D., LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 209A00029807

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Andrea M Scremin MD LLC

2. The Articles of Organization were filed on August 14, 2007 and assigned document number

LO7000083127

3. The date the dissolution was approved: July 1, 2008

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).

I, Andrea Scremin, MD, closed my medical
practice in Florida and moved out of state

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Andrea M Scremin MD

