

L07000094645

(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:

Backdated to original  
date of receipt

3/12/14.

*[Signature]*

Office Use Only

05/13/14



300257462873

05/13/14--01022--001 \*\*25.00

FILED  
14 MAR 12 PM 3:12  
STATE OF ARIZONA  
TALAMON COUNTY

M. MILLIGAN  
EXAMINER

MAY 13 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2014

SANIBEL CAPTIVA MEDICAL ASSOCIATES, LLC  
JOHN D. SCHUBERT  
PO BOX 696  
CAPTIVA, FL 33924

SUBJECT: SANIBEL CAPTIVA MEDICAL ASSOCIATES, LLC  
Ref. Number: L07000094645

We have received your document for SANIBEL CAPTIVA MEDICAL ASSOCIATES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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).

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) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 114A00006094

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sanibel Captiva Medical 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:

John Schubert

\_\_\_\_\_  
(Name of Person)

Sanibel Captiva Medical Associates, LLC.

\_\_\_\_\_  
(Firm/Company)

PO Box 696

\_\_\_\_\_  
(Address)

Captiva, FL 33924

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Schubert

\_\_\_\_\_  
(Name of Person)

239

560-1319

at (\_\_\_\_\_) \_\_\_\_\_

(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:**

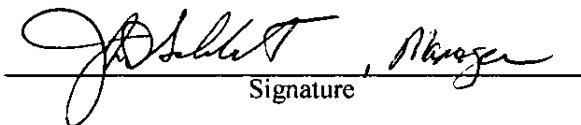
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Sanicaps@aol.com*

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

FILED  
MAR 12 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Sanibel Captiva Medical Associates, LLC.
2. The Articles of Organization were filed on September 17, 2007 and assigned  
document number L07000094645
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).  
Vote of the majority of members to dissolve  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

John D. Schubert, Manager  
Printed Name

**FILING FEE: \$25.00**