

LO7000097539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

JAN 14 2011

EXAMINER

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

DENNIS G. GAY, SR.
30 NIGHTENGALE LANE
ORMOND BEACH, FL 32174

SUBJECT: FAMILY MEDICINE & CLINICAL RESEARCH OF CENTRAL
FLORIDA LLC
Ref. Number: L07000097539

We have received your document for FAMILY MEDICINE & CLINICAL RESEARCH OF CENTRAL FLORIDA 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 211A00000319

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Medicine & Clinical Research of Central FL
(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:

Dennis G. Gay Sr
(Name of Person)
Fam Med & Clin Research of Central FL
(Firm/Company)
30 Nightengale LN
(Address)
Ormond Bch FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Gay at (386) 742 1864
(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

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

Family Medicine & Clinical Research of Central FL

2. The Articles of Organization were filed on 9/25/2007 and assigned document number L07000097539

3. The date the dissolution was approved: 9/1/2010

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).

Practice closed doors and discontinued 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:

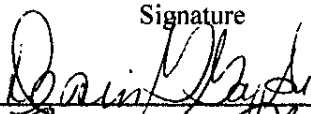
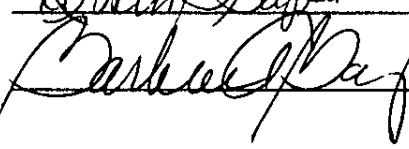
☒ There are no suits pending against the company in any court.

-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.

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

Signature

Printed Name

Dennis G Gay Sr

Barbara A Gay

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