L07000107226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L07-107226

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/21/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONES ANESTHESIA, 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:

Jon D. Jones
(Name of Person)

JONES ANESTHESIA, LLC
(Firm/Company)

7819 NW 108 Pl
(Address)

Miami FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon D. Jones at (703) 340-9068
(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

May 12, 2009

JON D. JONES
7819 NW 108 PL
MIAMI, FL 33133

SUBJECT: JONES ANESTHESIA, LLC
Ref. Number: L07000107226

We have received your document for JONES ANESTHESIA, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the members having the same percentage of membership interests necessary to approve the dissolution or the revocation when filing articles of revocation of dissolution.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 709A00011604

[redacted]

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
JONES ANESTHESIA, LLC

2. The Articles of Organization were filed on 10/23/2007 and assigned document number
L07000107226

3. The date the dissolution was approved: 4/1/09

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).
No Longer in Practice

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
Jon D. Jones	Jon D. Jones

FILING FEE: $25.00