

W07000108840

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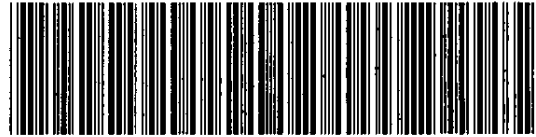
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ **IOANNIDES & SANDERS DERMATOLOGY 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:

Camille Miller, Esq.
Zumpano, Patricios & Winker, P.A.
312 Minorca, Ave
Coral Gables, FL 33134

For further information concerning this matter, please call:
Camille Miller, Esq.
(305) 444-5565

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)
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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

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TALLAHASSEE, FL 32301

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

The name of the limited liability company is **IOANNIDES & SANDERS DERMATOLOGY ASSOCIATES, LLC.**

The Articles of Organization were filed on **October 26, 2007** and assigned document number **L07000108840.**

The dissolution of **Ioannides & Sanders Dermatology Associates, LLC** was approved on **October 7, 2009.**

The dissolution of **Ioannides & Sanders Dermatology Associates, LLC** occurred as a result of the written consent of all of the members of this limited liability company.

All debts, obligations and liabilities of **Ioannides & Sanders Dermatology Associates, LLC** have been paid or discharged.

All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

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

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

Tim Ioannides, M.D.

Signature

Jonathan Sanders, M.D.

Signature

UNANIMOUS WRITTEN CONSENT IN LIEU OF A SPECIAL MEETING

The undersigned, constituting all of the members ("Members") of IOANNIDES & SANDERS DERMATOLOGY ASSOCIATES, LLC., a Florida limited liability company (the "Company"), acting by unanimous written consent in lieu of a special meeting, hereby adopts, approves and authorizes the actions set forth below and hereby directs the Members of the Company to place this consent in the minutes of the proceedings of the Members.

1. The Members of the Company hereby approve and authorize the filing of the Articles of Dissolution of the Company as soon as practically possible, with an effective date (the "Effective Date") as of October 7, 2009.
2. The Members of the Company are hereby authorized and directed, in the name and on behalf of the Company and under the seal of the Company or otherwise, to execute and deliver such agreements, certificates, documents, instruments and notices and take all other actions and to do all things as each Member may deem necessary and appropriate in order to carry out and effect the intent of the foregoing actions, and hereby ratifies and confirms any and all such actions.

Executed by the undersigned, constituting the Members of IOANNIDES & SANDERS DERMATOLOGY ASSOCIATES, LLC on October 21, 2009.

TIM IOANNIDES, M.D.



Manager and Member

JONATHAN SANDERS, M.D.



Member

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