

LO7000112083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

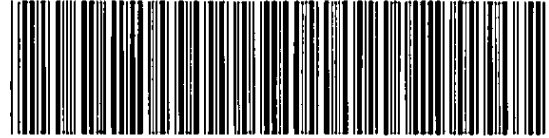
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 1/3/2023

Name: Jennifer Bialowas

Reference #: 1869182

Entity Name: NEUROPROTECTIVE SERVICES OF FLORIDA, L.L.C.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

2023 JAN -3 AM 10:45

CO

Authorized Amount: 25

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neuroprotective Services of Florida, L.L.C.

(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:

Joyce Jaubert

(Name of Person)

Neuroprotective Services of Florida, L.L.C.

(Firm/Company)

1800 S Baltimore Avenue, Suite 820

(Address)

Tulsa, Oklahoma 74119

(City/State and Zip Code)

2023 JAN -3 AM 10:45

11:50

For further information concerning this matter, please call:

Joyce Jaubert

(Name of Person)

918

at ()

340.7174

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Neuroprotective Services of Florida, L.L.C.
2. The Articles of Organization were filed on 11/05/2007 and assigned
document number L07000112083
3. The delayed effective date the dissolution if not effective on the date of filing: 12/28/2022
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
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).
No longer doing business in the State of Florida
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
William K. Osmond, Manager
1800 S. Baltimore Avenue, Suite 820
Tulsa, Oklahoma 74119
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]

Signature

William K. Osmond

Printed Name _____

FILING FEE: \$25.00

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