

LO7000112702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

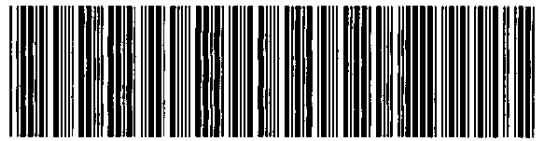
LO 7000112702

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500150864945

04/20/09--01033--009 \*\*25.00

FILED  
09 SEP 15 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

APR 21 2009

EXAMINER

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2009

HECTOR VILA JR MD  
THE OFFICE ANESTHESIA SUPPLIES & EQUIPME  
4304 AZEEL ST  
TAMPA, FL 33609

SUBJECT: FLORIDA OFFICE ANESTHESIA SUPPLIES AND EQUIPMENT,  
LLC  
Ref. Number: L07000112702

We have received your document for FLORIDA OFFICE ANESTHESIA  
SUPPLIES AND EQUIPMENT, LLC and your check(s) totaling \$. However, the  
enclosed document has not been filed and is being returned for the following  
correction(s):

Your filing is being returned per your request for corrections.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 609A00013413

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Office Anesthesia Supplies + Equipment  
(Name of Limited Liability Company) LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Vila, Jr MD  
(Name of Person)

Fla Office Anesthesia Supplies + Equipment, LLC  
(Firm/Company)

4304 Azeele St  
(Address)

Tampa, FL 33609  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Vila, Jr at (813) 777-7177  
(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

September 16, 2009

To whom it may concern,

This letter is to inform you that we are now ready to dissolve the company of  
Florida Office Anesthesia Supplies and Equipment, LLC  
Ref Number: 107000112702

Thank you,



Hector Vila

FILED  
09 SEP 15 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Florida Office Anesthesia Supplies + Equipment LLC

2. The Articles of Organization were filed on 11-7-2007 and assigned document number

LD9600112702

3. The date the dissolution was approved: April 15, 2009

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).

Company has gone out of 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

[Signature]

Printed Name

Hector Vila Jr  
Marc Kaufman

FILING FEE: \$25.00