

LO7000127116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 13 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOC PLAZA, 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:

JAMES P. KOEHLER

(Name of Person)

DOC PLAZA, LLC

(Firm/Company)

2011 8TH AVENUE N.E.

(Address)

ABERDEEN, S.D. 57402-0015

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. WEBER

(Name of Person)

605

at ()

229-0030 EXT. 702

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
DOC PLAZA, LLC
2. The Articles of Organization were filed on DECEMBER 24, 2007 and assigned
document number L07000127116
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
EVENT CAUSING DISSOLUTION. IT HAS BEEN CONFIRMED TO DISSOLVE
THE LIMITED LIABILITY COMPANY BY THE CONSENT OF ALL THE
MEMBERS.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

JAMES P. KOEHLER
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE FLORIDA

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