

04/06/2018

15:19

P.001/003

Division of Corporations

<https://file.sunbiz.org/scripts/efilcoverme>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000109763 3)))



H18000109763ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DRUMMOND WEHLE LLP
Account Number : I20050000133
Phone : (813)983-8000
Fax Number : (813)983-8001

RECEIVED

2018 APR -6 PM 4:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

LLC DISSOLUTION OR WITHDRAWAL
SOUTHEAST ANESTHESIA AND PAIN MEDICINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

18 APR -6 AM 9:49

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER

APR 09 2018

(H18000109763 3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHEAST ANESTHESIA AND PAIN MEDICINE, 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:

L. Tyler Yonge

(Name of Person)

Drummond Wehle LLP

(Firm/Company)

6987 East Fowler Avenue

(Address)

Tampa, Florida 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

L. Tyler Yonge

(Name of Person)

at (813) 983-8000

(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
6661 Executive Center Circle
Tallahassee, FL 32301

(H18000109763 3)

(H18000107763 3)

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

1. The name of a limited liability company is
SOUTHEAST ANESTHESIA AND PAIN MEDICINE, LLC
2. The Articles of Organization were filed on 12/28/2007 and assigned
document number L07000127669
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)
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).
Members elected to dissolve company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Li Ma
1112 Nikki View Drive
Brandon, FL 33511
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

Li Ma, Successor Trustee

Printed Name

FILING FEE: \$25.00

(H18000107763 3)