

L08000032643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

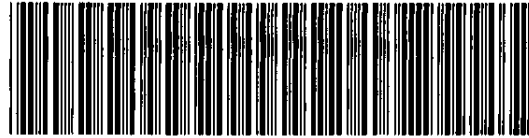
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600207994036

05/26/11--01004--031 **35.00

FILED

2011 JUN 17 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 20 2011

EXAMINER

L08-32643



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

JOHN ORLANDO
6732 WATER STONE CT
SANFORD, FL 32771

SUBJECT: PHYSICIANS WEALTH, LLC
Ref. Number: L08000032643

We have received your document for PHYSICIANS WEALTH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 511A00013892

2011 JUN 17 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physicians Wealth, 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:

John Orlando

(Name of Person)

Physicians Wealth, LLC

(Firm/Company)

6732 Water Stone Ct

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

John Orlando

(Name of Person)

at (813) 766 2656

(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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2011 JUN 17 AM 9:24

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Physicians Wealth, LLC

2. The Articles of Organization were filed on 3/31/2008 and assigned document number

LP8000032643

3. The date the dissolution was approved: 6/7/11

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).

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 section 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

Printed Name

John Orlando
April Marcus Orlando

John Orlando
April Marcus Orlando

FILED
2011 JUN 17 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA