

L 08 000080589

(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



300255285033

01/21/14--01034--005 \*\*25.00

JAN 24 2014  
T CLINE

FILED  
2014 JAN 21 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dissolution Sec 605.070 of JENSEN BEACH MEDSTAT, 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:

Robert Rodriguez

(Name of Person)

(Firm/Company)

12 Elaine Ct

(Address)

Woodcliff Lake, NJ 07677

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Rodriguez

(Name of Person)

at (

917 660-3779

(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

FILED  
2014 JAN 21 PM 2:07  
CLERK OF COURT  
JAN 21 2014

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

1. The name of a limited liability company is  
JENSEN BEACH MEDSTAT, L.L.C.
2. The Articles of Organization were filed on 8/22/2008 and assigned  
document number L08000080589
3. The delayed effective date the dissolution if not effective on the date of 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).

Insolvent, unable to conduct business affairs and make payments

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

Robert Rodriguez

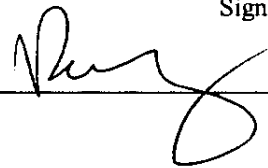
15757 Pines Blvd #282

Pembroke Pines, FL 33027

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

Printed Name



Robert Rodriguez

**FILING FEE: \$25.00**

2014 JAN 21 PM 2:07

FILED