# 108000112501

(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:		
Special instructions to Filling Officer.		
<u>.</u>		
·		

Office Use Only



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2011 OCT 18 AMIN: H

T. CLINE

OCT 19 2011

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: HARIKRIS

SUBJECT: HARIKRISHNAN ANESTHESIA SERVICES 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:

	SUNDARAM HARIKRISHNAN		
<del></del>	(Name of Person)		
	(Firm/Company)	_	
	2601 AVALON CREEK BLVD		
	(Address)	<del></del>	
	VIENNA, OH 44473	20 FA:SI	
	(City/State and Zip Code)	2011 OCT 18 SECRETAR ALL'AHASS	· ·
(City/State and Zip Code)  (City/State and Zip Code)  For further information concerning this matter, please call:			
SUNDA	RAM HARIKRISHNAN at (330) 973-335		
<u> </u>	(Name of Person) (Area Code & Daytime Telephone Num	mber ▶ ·	V.,
		DA TO	
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Co	of Status &	

### **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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
HARIKRISHNAN ANESTHE	SIA SERVICES LLC
	MBER 9 2008, and assigned document number
3. The date the dissolution was approved: $10-1$	3-2011
<ol> <li>A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov</li> </ol>	d liability company's dissolution pursuant to section er letter).
THE COMPANY DID NOT	HAUE ANY BUSINESS
ACTIVITY. SO TIT WAS D	ISSOLVED
5. CHECK ONE;	nited liability company have been paid or disohargetl.
	bts, obligations and liabilities pursuant to \$208.4421.
<ol><li>All remaining property and assets have been distribute rights and interests.</li></ol>	ed among its members in accordance with their reflective
7. CHECK ONE:	PATE 14
There are no suits pending against the compa	ny in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Esculuishnan	SUNDARAM HARIKRISHNAN
**************************************	

FILING FEE: \$25.00