## LANDON4883

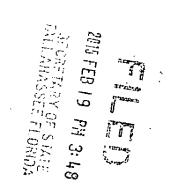
(Re	questor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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02/19/15--01008--002 \*\*25.00



J. BRUCE

## **COVER LETTER**

TO: Registrati Division of	on Section of Corporations			
SUBJECT: 3	ssalution of	Beverly Smith	Millery LLC	_
DOCUMENT NU	MBER: 1 09000	00 24 883		
The enclosed Notic	ce of Limited Liability	Company Dissolution a	nd fee are submitted f	or filing.
Please return all co	orrespondence concerning	g this matter to the follow	wing:	
Ber	verly Smith- (Name of	Contact Person)		_
Bev	erly Smith-T	r/Company)		_
9991	54th Avenue	North ddress)	25	2015 FEB 19
Saint	Petersburg, #10 (City/Sta	071do <u>33708</u> te and Zip Code)	ASS SS The state of the state o	
For further information concerning this matter, please call:		OF SIA		
Beverly Smi	th Tillery of Contact Person)	at ( <u>727</u> ) (Area Code)	la 1 2 - 6 7 6 6 (Daytime Telephone	Number)
Enclosed is a chec	k for the following amou	nt:		
X\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy (Additional copy is enclosed)	Sed) Filing Fee, Certificate of Statuted) Certified Copy (Additional copy is en	
Amendmen Division o P.O. Box 6	f Corporations	Ame Divi Clift	EET ADDRESS: endment Section sion of Corporations ton Building I Executive Center Cir	rcle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is
	Beverly Smith-Tillery LLC
2.	The Articles of Organization were filed on Warch 12, 2009 and assigned
	document number L 09000024883
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).
	In 2009 this LLC was formed to provide contract nurse anesthesia
	services at out-patient surgery centers in the St Petersburg, Horida area.
	In January 2014 I retired permanently from nurse anesthesia
5.	Practice and as the only member of the bole, it no longer serves a Durpose. Thus I am seeking dissolution.  If there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Beverly Smith - Tillery
	9991 54th Avenue North
	Saint Petersburg
	+lovida 33708 = FT
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
<u> </u>	Signature Beverly Smith-Tillery Printed Name

FILING FEE: \$25.00