

L09000026338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

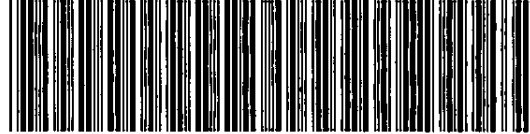
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200270039772

03/16/15--01006--009 **25.00

FILED
15 APR 17 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgical Spine Associates, 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:

Tanya Pittner

(Name of Person)

Advanced Pain Management Specialists

(Firm/Company)

8255 College Pkwy, Ste 200

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Tanya Pittner

(Name of Person)

239

at ()

337-6808

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X

\$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2015

TANYA PITTNER
8255 COLLEGE PKWY STE 200
FORT MYERS, FL 33919

SUBJECT: SURGICAL SPINE ASSOCIATES, LLC
Ref. Number: L09000026338

We have received your document for SURGICAL SPINE ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 915A00006818

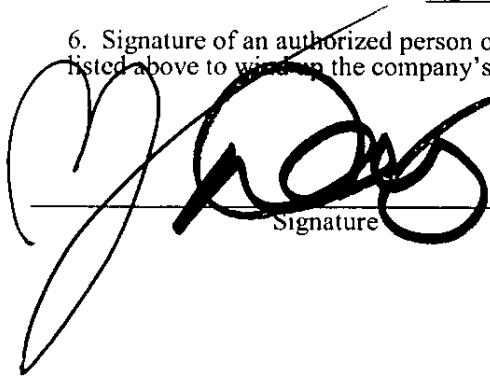
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Surgical Spine Associates, LLC
2. The Articles of Organization were filed on 03.17.09 and assigned
document number L09000026338
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)
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).

VOLUNTARY DISSOLUTION

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

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

Jonathan Daitch, Michael Frey

Printed Name

FILING FEE: \$25.00

15 APR 17 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED