

L0900000 55690

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 30 AM 8:39

B. KOHR

MAY _ 3 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 369963 7658329

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 30 AM 8:39

ORDER DATE : April 30, 2010

ORDER TIME : 3:33 PM

ORDER NO. : 369963-005

CUSTOMER NO: 7658329

DOMESTIC FILINGS

NAME: COSMETIC AND LASER CENTER OF
SOUTH FLORIDA, PLLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT# 2951

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 30 AM 8:39

1. The name of a limited liability company is
COSMETIC AND LASER CENTER OF SOUTH FLORIDA, PLLC

2. The Articles of Organization were filed on June 9, 2009 and assigned document number
L09000055690

3. The date the dissolution was approved: April 30, 2010

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).
The members have given their written consent to dissolve the company.

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 s. 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

Stuart M. Papowitz

Printed Name

Stuart M. Papowitz MD

FILING FEE: \$25.00