

LOG000062363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

JUN -8 2010

**EXAMINER**

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05/10/10--01030--012 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN -7 PM 1:38

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2010

PATRICK J. MCNAMARA  
3370 OSPREY LANE  
PORT CHARLOTTE, FL 33953

SUBJECT: COMPANION MRI OF FLORIDA, LLC  
Ref. Number: L09000062363

We have received your document for COMPANION MRI OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 210A00012707

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPANION MRI OF FLORIDA, 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:

PATRICK J. MCNAMARA  
(Name of Person)

COMPANION MRI OF FLORIDA, LLC  
(Firm/Company)

3370 OSPREY LANE  
(Address)

PORT CHARLOTTE, FL 33953  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICK J. MCNAMARA at ( 941 ) 979-2704  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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

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

1. The name of a limited liability company is

COMPANION MRI OF FLORIDA, LLC

2. The Articles of Organization were filed on 6/26/2009 and assigned document number

L09000062363

3. The date the dissolution was approved: 3/30/2010

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).

LACK OF CUSTOMER WENT OUT OF BUSINESS

**5. CHECK ONE:**

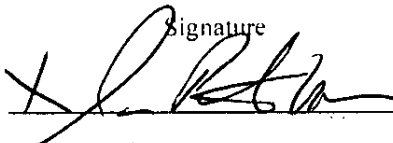
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name

PATRICK J. MCNAMARA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_