

209 0000 63641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

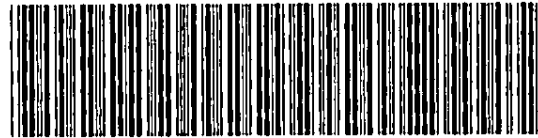
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/13/20--01017--019 **25.00

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2020 FEB 26 AM 9:14
ALLIANCE - IN OFFICE

notice of Diss

MAR 02 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ft. Pierce Kidney Care, LLC

DOCUMENT NUMBER: L09000063641

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard V. Neill, Jr.

(Name of Contact Person)

Neill Griffin Marquis, PLLC

(Firm/Company)

311 S. 2nd Street, Suite 200

(Address)

Fort Pierce, FL 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard V. Neill, Jr.

(Name of Contact Person)

at (772)

(Area Code)

464-8200

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 FEB 26 PM 2:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2020

RICHARD V. NEILL, JR.
NEILL GRIFFIN MARQUIS, PLLC
311 S. 2ND STREET - STE. 200
FORT PIERCE, FL 34950

SUBJECT: FT. PIERCE KIDNEY CARE, LLC
Ref. Number: L09000063641

We have received your document for FT. PIERCE KIDNEY CARE, 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):

The document must have original signatures.

You failed to sign the form in the space provided.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 720A00003037

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Ft. Pierce Kidney Care, LLC

Document number of Limited Liability Company is: L09000063641

Date of dissolution was: 12/17/2019

Description of information that must be included in a written claim:

A DETAILED DESCRIPTION OF THE CLAIM, INCLUDING THE DATE THE CLAIM AROSE AND THE AMOUNT, AND THE CLAIMANT'S ADDRESS, TELEPHONE NUMBER, AND ANY OTHER CONTACT INFORMATION.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Richard V. Neill, Jr.

311 S. 2nd Street

Suite 200

Fort Pierce, FL 34950

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

~~Maria T.E. Flores~~ Richard V. Neill, Jr.

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
2020 FEB 26 AM 9:14
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TALL