

20900606202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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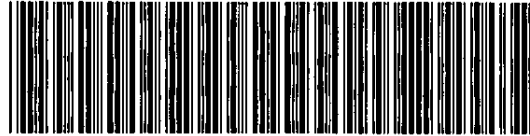
(Business Entity Name)

(Document Number)

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2015 APR 16 PM 1:40
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

APR 27 2015
2:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida Psychological 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:

Katalin Eckstein

(Name of Person)

South Florida Psychological Associates, LLC

(Firm/Company)

8015 SW 143 ST.

(Address)

Miami, Florida 33158

(City/State and Zip Code)

For further information concerning this matter, please call:

Katalin Eckstein

(Name of Person)

at (786) 5465695
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 APR 16 PM 1:40

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

1. The name of a limited liability company is
South Florida Psychological Associates, LLC
2. The Articles of Organization were filed on July 8, 2009 and assigned
document number L09000066202
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).
Actual Operations of company have terminated in beginning of 2014.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
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

Katalin Eckstein

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 16 PM 1:40

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