0900069710

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600257776936

03/17/14--01037--005 **25.00

MAR 1 8 2014 T CLINE

SUBJECT: GULF COAST DERMATOLOGY MEDICAL SPA, LLC

The enclosed Articles of Dissolution and fee[s] are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott B. Barloga Pope & Barloga, P.A.

P.O. Box 1609

Panama City, FL 32402

For further information concerning this matter, please call:

Scott B. Barloga at (850) 784-9174

Enclosed is a check for the following amount: \$25.00 Filing Fee

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 FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:

GULF COAST DERMATOLOGY MEDICAL SPA, LLC.

2. The Articles of O	rganization were filed on	07/20/2009 and assign	ed document number
L09000069710.			
3. The date dissolution	n was approved: March	, 2014 <u>.</u>	
4. The company is he	reby dissolved because all	of the members of the co	ompany have consented
to the dissolution in writing	g pursuant to section 608.44	41(1)(c), Florida Statutes.	
5. All debts, obligations an	d liabilities of the limited l	iability company have bee	en paid or discharged
6. All remaining property a	and assets have been distrib	outed among its members i	n accordance with
their respective rights and			
7. There are no suits pendi	ng against the company in a	any court.	
Signatures of the members	having the same percentag	ge of membership interests	
the dissolution:			
Signature		Printed Name	
		Jon R. Ward	
		Michael A. Stickler	