

1 L09 0000 77871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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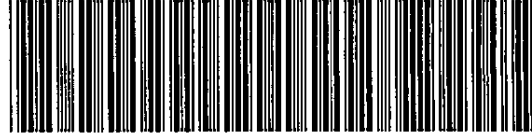
(Business Entity Name)

(Document Number)

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16 AUG -1 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 02 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **SOUTHWEST FLORIDA MEDICAL SOLUTIONS, 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:

**Pet Doragh, Esq**

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

**12734 Kenwood Lane, Suite 15**

\_\_\_\_\_  
(Address)

**Ft Myers, FL 33907**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Elizabeth Perez**

\_\_\_\_\_  
(Name of Person)

at **239 440-0346**

\_\_\_\_\_  
(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

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

1. The name of a limited liability company is  
SOUTHWEST FLORIDA MEDICAL SOLUTIONS, LLC
2. The Articles of Organization were filed on 08/13/2009 and assigned  
document number L09000077871
3. The delayed effective date the dissolution if not effective on the date of filing: 05/27/2016  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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).

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

Frank Seda

16329 S Tamiami Trail, Unit 5 & 6

Ft Myers, Fl 33908

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

Elizabeth Perez

Printed Name

**FILING FEE: \$25.00**

FILED  
16 AUG - 1 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA