L09000688088		
(Requestor's Name) (Address) (Address)	900198363049	
(City/State/Zip/Phone #)	03/21/1101012025 **25.00	
(Document Number) Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	SECRETARY OF STATE VISION OF CORPORATIONS 11 MAR 21 AM 11:09	
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EXAMINER		

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Inter and

SUBJECT: Ocala Professional Office, 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:

Roger Leslie

(Name of Person)

Ocala Professional Office, LLC

(Firm/Company)

7545 W. University Ave

(Address)

Gainesville, Florida 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Leslie	at (352	) <b>231</b>
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(Name of Person)

-2800

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(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 Ocala Professional Office, LLC

# 2. The Articles of Organization were filed on September 11, 2009 and assigned document number L09000088088

The date the dissolution was approved: \_\_\_\_\_

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).

## Total Asset Sale

### 5. CHECK ONE:

All debts, obligations and liabilities of the limited liability company have been paid or discharged.  $\Box$  -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:

 $\checkmark$  There are no suits pending against the company in any court.  $\sim$  -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

Mut	

Printed Name

1 HAR 21

**Roger Leslie** 

Millard Joyner

FILING FEE: \$25.00