

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

**LLC DISSOLUTION OR WITHDRAWAL
THE PLASTIC SURGERY INSTITUTE OF MIAMI, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

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FEB - 8 2013

G. McLEOD

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Plastic Surgery Institute of Miami PLLC
(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:

MAX A ADAMS ESQ

(Name of Person)

THE MEDILAW FIRM

(Firm/Company)

325 ALMERIA AVENUE

(Address)

MIAMI FLORIDA 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA PEREZ

(Name of Person)

at 305 444-3484

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$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

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

1. The name of a limited liability company is

The Plastic Surgery Institute of Miami PLLC

2. The Articles of Organization were filed on 10-02-2009 and assigned document number
L09000095714

3. The date the dissolution was approved: 01-31-2013

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).

The partners have decided to dissolve.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

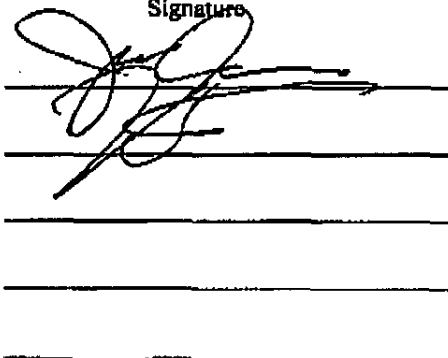
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-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



Printed Name

JASON ALTMAN

VIJAY SHARMA for Sharma Facial

FILING FEE: \$25.00

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