

LOG00012279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

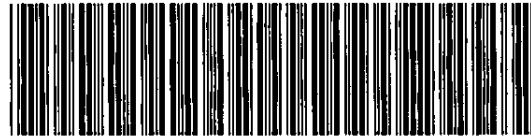
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09/29/14--01012--014 **25.00

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September 26, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Teri Cumpton, M.D., P.L.
Dissolution

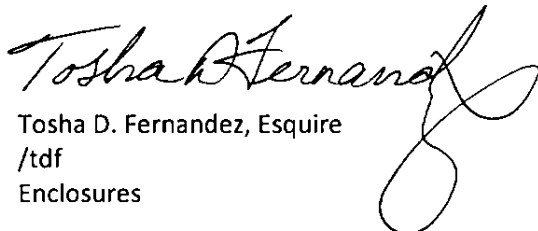
Dear Sir/Madam:

Please find enclosed the following:

1. Articles of Dissolution;
2. Notice of Dissolution; and
3. Filing Fee check number 16147 in the amount of \$25.00.

Please file the Articles of Dissolution and Notice of Dissolution with the Division of Corporations. Should you require anything further, please do not hesitate to contact me. Thank you for your time and assistance in this regard.

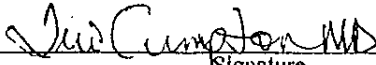
Very Truly Yours,


Tosha D. Fernandez, Esquire
/tdf
Enclosures

Cc: Teri Cumpton, M.D.

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

1. The name of a limited liability company is
TERI CUMPTON, M.D., P.L.
2. The Articles of Organization were filed on December 22, 2009 and assigned
document number L09000122279
3. The delayed effective date the dissolution if not effective on the date of filing: Upon 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).
All members consent to the dissolution.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Teri Cumpton
2101 SW 87th place
Ocala FL 34476
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

Teri Cumpton, M.D.
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: TERI CUMPTON, M.D., P.L.

Document number of Limited Liability Company is: L09000122279

Date of dissolution was: 9/29/14

Description of information that must be included in a written claim:

Name and address of claimant, claim amount, basis for claim and origination date.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Teri Cumpton, M.D., 2101 SW 87th Place, Ocala, FL 34476

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Teri Cumpton, M.D.

Printed Name of the Person Filing

Teri Cumpton MD

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00