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SECRETARY OF STATE
PARASSEE, FLORIDA

K. SALY EXAMINER FEB 7 2011

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: ALTAMONTE MUA ASSOCIATES 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:
ALLAN ZUBKIN MD
(Name of Person)
(Firm/Company)
15848 TOWER VIEW DR
(Address)
CLERMONT FL 34711
(City/State and Zip Code)
For further information concerning this matter, please call:
ALLAN ZUBKIN 407 , 405-1055
(Name of Person) at (
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)  Certificate of Status & Certificate Opy (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

5 No.



1. The name of a limited liability company is ALTAMONTE MUA ASSOCIATES	TALLAHASSÆ, FLORIDA B. PLLC
2. The Articles of Organization were filed on	
3. The date the dissolution was approved: 10/05	/2010
	imited liability company's dissolution pursuant to section k cover letter).
5. CHECK ONE:	
G-OR-	he limited liability company have been paid or discharged. he debts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been disti rights and interests.</li></ol>	ributed among its members in accordance with their respective
7. CHECK ONE:	
✓ There are no suits pending against the color of the Corol of the Co	ompany in any court.  the satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	e of membership interests necessary to approve the dissolution:
Signature	Printed Name
Allan Zelhin	ALLAN ZUBKIN
	<del> </del>

FILING FEE: \$25.00