

L10000008057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255102347

01/02/14--01010--022 **55.00

RECEIVED
OFFICE OF STATE
SECRETARY OF FLORIDA
2014 JAN -2 PM 1:36
TALLAHASSEE FLORIDA

FILED
2014 JAN -2 AM 11:04
OFFICE OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE FLORIDA

JAN 08 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2014

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

CORPDIRECT

SUBJECT: ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC
Ref. Number: L10000008057

1/2

We have received your document for ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 014A00000149

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

1/2

FILED
RECEIVED
2014 JAN - 2 AM 11:04
14 JAN - 7 AM 9:29
TALLAHASSEE
FLORIDA
DIVISION OF CORPORATIONS

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 01/02/2014

REF. #: 7745216.9009419

CORP. NAME: ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70012665 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
2014 JAN -2 AM 11:04
STATE PARTY OF STATE
TALLAHASSEE FLORIDA

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

1. The name of a limited liability company is
ENLIGHTEN RADIOLOGY OF FLORIDA, PLLC
2. The Articles of Organization were filed on January 22, 2010 and assigned
document number L10000008057
3. The delayed effective date the dissolution if not effective on the date of filing: Upon 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).
The consent of all the members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Michael A. Taylor, M.D.
39 Via Navarro
Greenbrae, CA 94904

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

Printed Name

Michael A. Taylor, M.D.

FILING FEE: \$25.00

FILED
2014 JAN -2 AM 11:04
STATE TARY OF STATE
TALLAHASSEE FLORIDA