

#L100000010305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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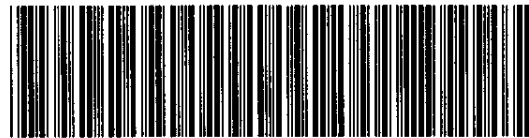
(Business Entity Name)

(Document Number)

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2014 JAN 23 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JAN 28 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pulmonary Properties of Sarasota, 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:

Kenneth M. Hurwitz, MD  
(Name of Person)

Lung Associates of Sarasota, LLC  
(Firm/Company)

1921 Waldemere St. Suite 705  
(Address)

Sarasota, FL 34239  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth M. Hurwitz, MD at (941) 366-5864  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ \$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
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

FILED

2014 JAN 23 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Pulmonary Properties of Sarasota, LLC

2. The Articles of Organization were filed on 1/27/2010 and assigned

document number ~~1110000019006~~ #L10000010305

3. The delayed effective date the dissolution if not effective on the date of 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).

Property sold, no remaining assets.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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

[Signature]

Printed Name

Kenneth M. Hurwitz, MD

FILING FEE: \$25.00