# L100000 19378

(Re	questor's Name)	·
(Ad	ldress)	<del></del>
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PICK-UP	MAIT WAIT	MAIL
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

### Orlando P Ricciardelli MD 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:

Paul Young	
(Name of Person)	
Paul Young CPA	2019
(Firm/Company)	APR APR
7300 CR 2347	72 PER 2000
(Address)	PH C
Sinton Texas 78387	
(City/State and Zip Code)	w

For further information concerning this matter, please call:

Paul Young
(Name of Person)

(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

1.	The name of a limited liabil Orlando P Ricciardelli MD L					
2.	The Articles of Organizatio	n were filed on Febru	nary 19,2010	and assigned		
	document number L 100000	019378	<del></del>			
3.	The delayed effective date to (effective Note: If the date inserted in listed as the document's effective date in the listed as the document's effective date in the listed as the listed a	date cannot be prior to or this block does not mee	r more than 90 days later than t the applicable statutory fi	n date document is received for	filing) will not	be
4.	A description of occurrence 605.0707. Florida Statutes, (	that resulted in the l (copy 605.0707 on ba	imited liability company	y's dissolution pursuant t	o sectio	n
	Founding Member Orlando P I	Ricciardelli ,MD Ceased	d Practicing on August 31,	, 2018		
					10 6103	
					019 APR 12	FILE
					PH 6	0.0
5.	If there are no members, en activities and affairs:	ter the name and addi Paul C Young CPA	ress of the person appoi	nted to wind up the conip	> ''	
		7300 CR 2347				
		Sinton Texas 78387				
6. lis	Signature of an authorized per ted above to wind up the cor	person or if there are mpany's activities and	no members, the signatud affairs:	ure of the person appoint	ed and	
	Carl Jones.	4/9/19	Paul Young CPA			
	Signature	<del></del>	Pr	rinted Name		
	$( \ \ ) \cup$	FILIN	G FEE: \$25.00			