

L100000019448

(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



600186652026

10/18/10--01016--003 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT 18 AM 11:36

N. Culligan: OCT 19 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southwest Florida Pain Institute 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:

Dr. Harold J Lawler III MD

(Name of Person)

(Firm/Company)

1811 Shore Drive South

(Address)

South Pasadena, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Lull

(Name of Person)

at (727) 345-5900

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT 18 AM 11:36

1. The name of a limited liability company is
Southwest Florida Pain Institute LLC

2. The Articles of Organization were filed on February 19, 2010 and assigned document number
L10000019448

3. The date the dissolution was approved: October 18, 2010

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes. (copy 608.441 on back cover letter).

Working at another facility

5. CHECK ONE:

- ☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Dr. Harold Lawler III MD

FILING FEE: \$25.00