

L10000035172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entry Name)

L1-35172

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/05/10--01011--017 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT -4 PM 3:14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2010

RAFAEL E. URENA DC
84 BENSTON STREET APT. #1
WEST HAVERSTRAW, NY 10993

SUBJECT: ORLANDO MEDICAL HEALTH, LLC.
Ref. Number: L10000035172

We have received your document for ORLANDO MEDICAL HEALTH, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 210A00018934

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO Medical Health, 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:

RAFAEL E URENA D.C.
(Name of Person)
ORLANDO Medical Health LLC
(Firm/Company)
84 Benson St apt #1
(Address)
West Haverstrom, NY 10993
(City/State and Zip Code)

For further information concerning this matter, please call:

917-776-6593 cell

RAFAEL E URENA at 917-776-6593
(Name of Person) (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 -4 PM 3:14

1. The name of a limited liability company is

Orlando Medical Health, LLC.

2. The Articles of Organization were filed on

03/31/10

and assigned document number

L10000035172

3. The date the dissolution was approved:

03/31/10

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).

I never conducted Business on
this location or any other with
this company name or any Relationship
to it.

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

Rafael E Ureña

