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J. SAULSBERRY EXAMINER

JAN 24 2011

COVER LETTER

	ration Section on of Corporations		
SUBJECT: A	Anesthesia To Go, PLL0	C	
	(Name of	Limited Liability Company)	
The enclosed A	articles of Dissolution and fee(s) are so	ubmitted for filing.	
Please return al	l correspondence concerning this mat	ter to the following:	2011 JAN 21
	Patrick Robinson, MD	•	JAN 21 PH
		(Name of Person)	ma P
		(Firm/Company)	
		(Firm/Company)	
	1708 SW 27th Place		
		(Address)	
	Ocala, FL 34471		
	(Ci	ity/State and Zip Code)	
For further info	rmation concerning this matter, please	e call:	
Patr	ick Robinson	at (386) 237-7	' 150
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a che	ck for the following amount:		
\$25.00 Filing 8	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:	STREET/COU	RIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations			
	Division of Corporations P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		Center Circle	

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

LITY COMPANY
JAN 21
and assigned document number
The state of the s
6, 2011
liability company's dissolution pursuant to section reletter).
r a need for the entity to exist.
ted liability company have been paid or discharged. ts, obligations and liabilities pursuant to s. 608.4421. I among its members in accordance with their respective y in any court. sfaction of any judgment, order or decree which may be
mbership interests necessary to approve the dissolution:
Printed Name
Patrick Robinson, 100% membe
t t t

FILING FEE: \$25.00