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| (Rec                      | questor's Name)   |             |
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| •                         |                   |             |
| (City                     | //State/Zip/Phone | <b>⊋</b> #) |
| •                         |                   | •           |
| PICK-UP                   | MAIT              | MAIL        |
| •                         |                   |             |
| (Rus                      | iness Entity Nan  | ne)         |
| (Business Entity Name)    |                   |             |
|                           |                   |             |
| (Doc                      | cument Number)    |             |
|                           |                   |             |
| Certified Copies          | . Certificates    | of Status   |
|                           |                   |             |
| Special Instructions to F | iling Officer:    |             |
|                           |                   |             |
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Office Use Only



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12/27/10--01027--003 \*\*25.00

C. LEWIS

DEC 2 8 2010

EXAMINER

### **COVER LETTER**

| SUBJECT: Vohra Wound Physicians of AL, 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:  |
|  |
| Luis M. Vissepo  |
| (Name of Person)   |
| Vohra Wound Physicians   |
| (Firm/Company)   |
| 3601 SW 160th Avenue, Suite 250  |
| 3601 SW 160th Avenue, Suite 250  |
| (Address)  |
| Miramar, Florida 33027   |
| (City/State and Zip Code)  |
|  |
| For further information concerning this matter, please call:   |
| Luis M. Vissepo at ( 954 ) 213-6251  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
|  |
| Enclosed is a check for the following amount:  |
| ▼ \$25.00 Filing Fee  Solve Filing Fee & Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Fillin

2010 DEC 27 PM 28: 25

| 1. The name of a limited liability company is Vohra Wound Physicians of AL, LLC  | TALLAHASSER. FLOR   |
|--|---|
| 2. The Articles of Organization were filed on 10/21/2  | 2010 and assigned document number                                 |
| 3. The date the dissolution was approved: 12/20/20   | 10  |
| 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover Written Consent of all members of the | d liability company's dissolution pursuant to section er letter). |
|  |   |
| 5. CHECK ONE:  |   |
|  | nited liability company have been paid or discharged.             |
| OR-Adequate provision has been made for the de   | ebts, obligations and liabilities pursuant to s. 608.4421.        |
| <ol><li>All remaining property and assets have been distribute<br/>rights and interests.</li></ol>   | ed among its members in accordance with their respective          |
| 7. CHECK ONE:  |   |
| There are no suits pending against the compa   | ny in any court.  |
| OR- Adequate provision has been made for the sate entered against it in any pending suit.  | tisfaction of any judgment, order or decree which may be          |
| natures of the members having the same percentage of m   | nembership interests necessary to approve the dissolution:        |
| Signature  | Printed Name  |
| Notest   | Ameet Vohra, Sole Member  |
|  |   |
|  |   |
|  |   |
|  |   |