

L10000 113296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

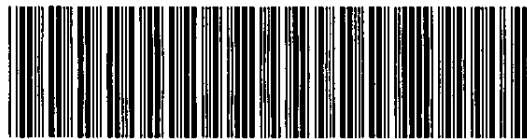
(Business Entity Name)

(Document Number)

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2013 NOV -4 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/04/13  
11:14 AM

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dr. Raphael Wald, PLLC  
(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:

Raphael Wald  
(Name of Person)

Dr. Raphael Wald, PLLC  
(Firm/Company)

9970 Central Park Blvd. South Suite 207  
(Address)

Boca Raton, FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raphael Wald at ( 917 ) 743-3592  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dr. Raphael Wald, PLLC

Phone: 917-743-3592

Return Address:

Florida Atlantic University  
Memory and Wellness Center  
Christine E. Lynn College of Nursing  
777 Glades Road  
Bldg. A Z-79  
Boca Raton, FL 33431-0991

To whom it may concern:

Enclosed please find Articles  
of Dissolution for Dr. Raphael Wald, PLLC. Please  
contact me with any questions.

Sincerely,

Raphael Wald

ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY

FILED

2013 NOV -4 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is

Dr. Raphael Wald, PLLC L10000113296

2. The date the dissolution was approved: 10/28/2013

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

I have decided to dissolve the limited liability company.  
This was my personal decision. I am the sole owner.

4. **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.

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

6. **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

Raphael Wald

Typed or Printed name

Raphael Wald