

04/30/2014

12:59

TO: (850)

6383

FROM: (813) 229-3946

Page: 6

L10000 118658

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GLENN RASMUSSEN, P.A.
Account Number : I19990000156
Phone : (813) 229-3333
Fax Number : (813) 229-5946

**LLC DISSOLUTION OR WITHDRAWAL
WESTCHASE MEDICAL WEIGHT LOSS LLC**

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WESTCHASE MEDICAL WEIGHT LOSS LLC

ARTICLES OF DISSOLUTION

Westchase Medical Weight Loss LLC, a Florida limited liability company, adopts the following Articles of Dissolution pursuant to Section 605.0707, *Florida Statutes*:

1. The name of the limited liability company is Westchase Medical Weight Loss LLC.
2. The Articles of Organization of Westchase Medical Weight Loss LLC were filed on November 15, 2010, and assigned document number L10000118658.
3. The members and managers of Westchase Medical Weight Loss LLC unanimously approved its dissolution by written consent, which is sufficient for approval.
4. The effective date of these Articles of Dissolution shall be the date when they are filed with the Florida Department of State.

DATE: April 29, 2014.

WESTCHASE MEDICAL WEIGHT LOSS LLC

By Laura Garcia-Ibanez
Laura Garcia-Ibanez, Manager

2014 APR 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WESTCHASE MEDICAL WEIGHT LOSS LLC
NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, *Florida Statutes*.

1. The name of the dissolved limited liability company is Westchase Medical Weight Loss LLC.
2. The document number of the limited liability company is L10000118658.
3. The effective date of the dissolution of the limited liability company was 4-30-14.
4. The following information that must be included in a written claim:
 - a. The name of the claimant;
 - b. The mailing address of the claimant;
 - c. The telephone number of the claimant;
 - d. If the claimant is a limited liability company or other entity, the name of the person who should be contacted about the claim;
 - e. The amount of the claim;
 - f. The basis for the claim, including all material facts;
 - g. The date when the claim arose; and
 - h. The date when the claim became due and payable.
5. The mailing address where claims can be sent is as follows: (Claims cannot be sent to the Division of Corporations)

Westchase Medical Weight Loss LLC
10940 Sheldon Road
Tampa, FL 33626
Attention: Laura Garcia-Ibanez

A claim against Westchase Medical Weight Loss LLC will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

DATE: April 29, 2014

WESTCHASE MEDICAL WEIGHT LOSS LLC

By: Laura Garcia-Ibanez
Laura Garcia-Ibanez, Manager

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2014 APR 30 PM 2:28
SECRETARY OF STATE
TAMPA, FLORIDA