## 111000053470

| (Re                                     | equestor's Name)       |  |  |
|---|------------------------|--|--|
| (Ad                                     | ldress)                |  |  |
| (Ad                                     | idress)                |  |  |
| (Ci                                     | ty/State/Zip/Phone #)  |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |
| (Bu                                     | usiness Entity Name)   |  |  |
| (Document Number)                       |                        |  |  |
| Certified Copies                        | Certificates of Status |  |  |
| Special Instructions to Filing Officer: |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |
|   |                        |  |  |

Office Use Only



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14 S. V. 4- C. List

D. SCOTT DEC 1 2 2011

## **COVER LETTER**

**TO:** Registration Section

**Division of Corporations** SUBJECT: Winter Park Cancer Center, LLC L11000053470 The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Valerie J. Hamm, Esquire (Name of Contact Person) Pearson Bitman LLP (Firm/Company) 485 N. Keller Rd., Suite 401 (Address) Maitland, FL 32751 (City/State and Zip Code) For further information concerning this matter, please call: 647-0090 Valerie J. Hamm (Daytime Telephone Number) (Name of Contact Person) (Area Code) Enclosed is a check for the following amount: □ \$55 Filing Fee & ■ \$60 Filing Fee. □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## 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 s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

| Name of Limite              | ed Liability Company: Winter Park C   | ancer Center,, LLC                          |                |
|-----------------------------|---|---|----------------|
| Document num                | ther of Limited Liability Company is:   | 00053470                                    |                |
| Date of dissolu             |   |   |                |
| Description of              | information that must be included in a written of   | claim:                                      |                |
| Descripti                   | on of nature and type of cla  | aim and date it arose                       |                |
|                             |   |   |                |
|                             |   |   |                |
|                             | ·   |   | · · · · · ·    |
| Mailian addess              | e where claims can be controllaims connect be   | cent to the Division of Corporations)       |                |
| Mailing addres              | s where claims can be sent: (Claims cannot be: 485 N. Keller Rd., Suite 40                  | \tag{7}                                     | :- <u>,</u>    |
|                             |   | <del></del>                                 | -              |
|                             | Maitland, FL 32751  | <del>_</del>                                | :              |
|                             |   | ••  | - i            |
|                             |   | (A)   | anguar P       |
|                             |   |   |                |
| A claim agains commenced wi | t the above named limited liability company within 4 years after the filing of this notice. | ll be barred unless a proceeding to enforce | e the claim is |
|                             |   | $\alpha$ : $\alpha$                         |                |
| Valerie J                   |   | Valent 1                                    |                |
|                             | Printed Name of the Person Filing   | Signature of the Person Filing              |                |