

L110000057641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2014 MAY -8 PM 1:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Medical Advisors, 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:

Ronald D. Poe

(Name of Person)

Advanced Medical Advisors, LLC

(Firm/Company)

1111 E. Sunrise Blvd., Suite 910

(Address)

Fort Lauderdale, Florida 33304

(City/State and Zip Code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ron Poe

(Name of Person)

954

at ()

980-9654

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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**

1. The name of a limited liability company is
Advanced Medical Advisors, LLC
2. The Articles of Organization were filed on May 16, 2011 and assigned
document number L11000057641
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Owners' divorce.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Ronald D. Poe
1111 E. Sunrise Blvd.
Suite 910
Fort Lauderdale, FL 33304
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:

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Signature

Ronald D. Poe

Printed Name

FILING FEE: \$25.00