

L11000068326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

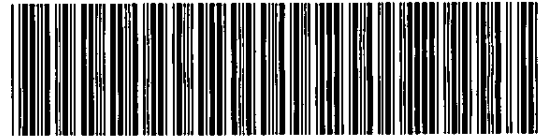
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/16--01014--002 **25.00

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2016 APR 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedPro Central

(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:

Jana Lee Sheckler

(Name of Person)

MedPro Central

(Firm/Company)

P.O. Box 1049

(Address)

Westport, WA 98595

(City/State and Zip Code)

For further information concerning this matter, please call:

Jana Sheckler

(Name of Person)

at (850) 308-5870

(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**

FILED
2016 APR 22 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MedPro Central

2. The Articles of Organization were filed on 06/10/2011 and assigned

document number L11000068326

3. The delayed effective date the dissolution if not effective on the date of filing: 04/18/2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

I moved to Washington State June 30, 2014. I did not know that I needed to file this documents as I sent a letter to

state and never heard back until today, April 18, 2016. I have since registered this company in Washington state.

I have not had any employees since 2014 and do not plan to have any in the future.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Jana Lee Sheckler

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:


Signature

Jana Lee Sheckler

Printed Name

FILING FEE: \$25.00