

2110000 73277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

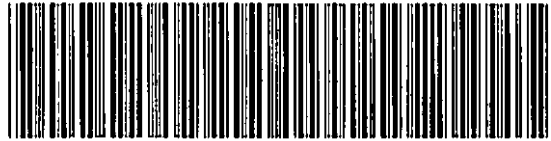
(Business Entity Name)

(Document Number)

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2018-12-06 12:11

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D. SCOTT
DEC 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Physician Specialists LLC

DOCUMENT NUMBER: L11000073277

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:

Valerie J. Hamm

(Name of Contact Person)

at **(407)**

(Area Code)

647-0090

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,

Certificate of Status &

Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
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 Limited Liability Company: Orlando Physician Specialists, LLC

Document number of Limited Liability Company is: L11000073277

Date of dissolution was: Nov. 26, 2018

Description of information that must be included in a written claim:

Description of nature and type of claim and date it arose

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

485 N. Keller Rd., Suite 401

Maitland, FL 32751

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Valerie J. Hamm

Printed Name of the Person Filing

Valerie J. Hamm

Signature of the Person Filing