## L11000111227

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(Business Entity Name)				
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Suite 206 33143



4/02/2018

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

To whom it may concern:

I am writing to let you know of my intent to retire and to close my Psychology Practice on May 31, 2018. I sent in my Annual Report on April 02, 2018. Enclosed is my request to delay effective date of dissolution to June 01, 2018.

After this date correspondence can be sent to Annmarie Law, 12551 SW 115<sup>th</sup> Ave, Miami, FL 33176 or to my e-mail address at <u>drannmarielaw@hotmail.com</u>.

Sincerely,

Annmarie Law, Ph.D. LLC

305-663-4244

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: PANMANE LAW, Ph.D., 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:					
ANNMARIE LAW, Ph.D.  (Name of Person)					
ANNMARIE LAW, PhD, LLC					
(Firm/Company)					
7550 SW 577h AUE, SUITE 206					
(Address)					
SOUTH MIAMI FLORIDA 33143 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
ANNMARIE LAW, Phy at (305) 979 8743 (Name of Person) (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  STREET/COURIER ADDRESS: Registration Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 I	iability company is		
ANNMARIE	LAW, PhD, C	LC	
2. The Articles of Organiz	•		nd assigned
document number	L 1100011128'	7_	
Note: If the date inserted	ate the dissolution if not e ective date cannot be prior to or d in this block does not meet effective date on the Departn	effective on the date of filing: _ more than 90 days later than date doct the applicable statutory filing requ nent of State's records.	unent is received for filing) irements, this date will not be
4. A description of occurr	ence that resulted in the li	mited liability company's disso	lution pursuant to section
605.0707, Florida Statut	ies, (copy 605.0707 on ba	ck cover letter).	,
KETIREME	NT		
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			<u>)</u>
5. If there are no members activities and affairs:		ress of the person appointed to v	vind up the company's
	7550	SW 57Th AUE, S	TE 206
	So M	11AM1, PL 3314	/3
6. Signature of an authorize listed above to wind up the	eed person or if there are recompany's activities and	no members, the signature of the l affairs:	e person appointed and
Amue La	w, Ph)	ANNMARIE	ELAW, PAD
Signature		Printed Na	ime

FILING FEE: \$25.00