

LI 000 119939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

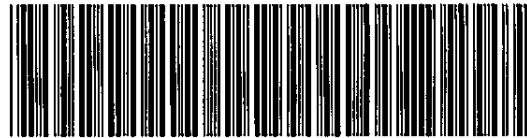
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/25/14--01003--012 \*\*25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 30 2014

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Harvey Durham Medical  
(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:

Bill Reed  
(Name of Person)

Harvey Durham Medical  
(Firm/Company)

109 SE 1<sup>st</sup> Ave.  
(Address)

Ocala, FL 3447  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Bill Reed at ( 352 ) 867-8899  
(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  
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

Harvey Durham Medical, LLC

2. The Articles of Organization were filed on October 19, 2011 and assigned

document number L11000119939

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).

Lack of work

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2011 SEP 25 PM 3:34  
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TALLAHASSEE, FLORIDA

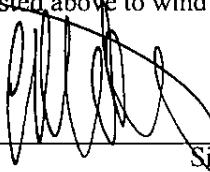
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Charles Reed

109 SE 1<sup>st</sup> Ave

Ocala, FL 34471

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

Charles Reed  
Printed Name

**FILING FEE: \$25.00**

• **Notice of Limited Liability Company Dissolution**

**NOTE: This page is optional**

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: Harvey Durham Medical, LLC

Document number of Limited Liability Company is: L11000119939

Date of dissolution was: 8/20/14

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Charles Reed  
109 SE 1<sup>st</sup> Ave  
Ocala, FL 34471  
\_\_\_\_\_

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.

Charles Reed  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**