

L11000128358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

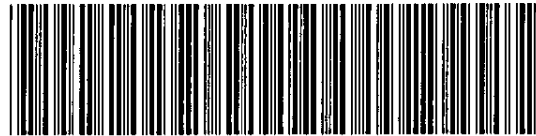
(Document Number)

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11/17/11--01006--003 **60.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SR 39 GROVE, LLC

Signature _____

Requested by: SETH

11/17/11 11:00

Name

Date

Time

Walk-In _____

Will Pick Up _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
X Cert. Copy _____
____ Photo Copy _____
X Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SR 39 GROVE, 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:

TEOFIL KULYK, M.D.

(Name of Person)

SR 39 GROVE, LLC

(Firm/Company)

105 SOUTHERN OAKS DRIVE

(Address)

PLANT CITY, FLORIDA 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

TEOFIL KULYK, M.D.

(Name of Person)

at (813) 754-1869

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
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

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DIVISION OF CORPORATIONS
11 NOV 17 PM 1:10

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 17 PM 1:10

1. The name of a limited liability company is
SR 39 GROVE, LLC

2. The Articles of Organization were filed on 11/10/11 and assigned document number
L11000128358

3. The date the dissolution was approved: 11/16/11

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Upon written consent of all of the Members of the LLC.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

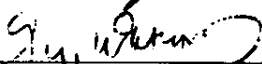
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



TEOFIL KULYK, M.D.



GREGG W. GUTOWSKI, M.D.



A. JOHN SARANKO, M.D.

WRITTEN CONSENT BY MEMBERS OF
SR 39 GROVE, LLC FOR
DISSOLUTION OF COMPANY

WE, the undersigned being all of the Members of SR 39 GROVE, LLC, a Limited Liability Company organized and existing under the laws of the State of Florida, do hereby, for the purpose of complying with the provisions of Section 608.441 Florida Statutes, in relation to the voluntary dissolution of limited liability companies, do hereby consent to the dissolution of SR 39 GROVE, LLC, and certify as follows:

The name of the limited liability company is SR 39 GROVE, LLC. The certificate of organization of said Company was filed in the office of the Secretary of State of Florida on the 10th day of November, 2011. The said Company elects to be dissolved. The names and post office addresses of its Members are as follows:

TEOFIL KULYK, M.D. – 105 Southern Oaks Dr., Plant City, Florida 33563

GREGG W. GUTOWSKI, M.D. – 507 Alexander St., W., Plant City, Florida 33563

A. JOHN SARANKO, M.D. – 507 Alexander St., W., Plant City, Florida 33563

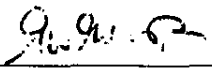
All liabilities and obligations of the Company have been paid or discharged, or adequate provision has been made therefor. All the remaining property and assets of the Company have been distributed among its Members in accordance with their respective rights and interests. There are no actions pending against the Company in any court. This written consent to dissolve the Company is signed by all Members.

DATED this 16 day of November, 2011.

MEMBERS



TEOFIL KULYK, M.D.



GREGG W. GUTOWSKI, M.D.



A. JOHN SARANKO, M.D.