

L1000/43021

(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:

A. LUNT
APR 19 2011
EXAMINER

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04/02/12--01013--006 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 18 PM 03:48

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2012

MICHAEL BESSOS
9334 SOUTHERN OAK LANE
JUPITER, FL 33478

SUBJECT: OAKWOOD PEDIATRICS, LLC
Ref. Number: L11000143021

FILED
2012 APR 18 PM 12:48
STATE OF FLORIDA
TALLAHASSEE

We have received your document for OAKWOOD PEDIATRICS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 012A00011132

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oakwood Pediatrics, 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:

Michael Bessos

(Name of Person)

Oakwood Pediatrics, LLC

(Firm/Company)

9334 Southern Oak Lane

(Address)

Jupiter, FL 33478

(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FL 32301
2012 APR 18 PM 2:48

FILED

For further information concerning this matter, please call:

Michael Bessos

(Name of Person)

at (561) 743-2447

(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)

(Sent \$35.00 before)

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

Oakwood Pediatrics, LLC

2. The Articles of Organization were filed on 12/20/2011 and assigned document number

L11000143021

3. The date the dissolution was approved: 03/27/2012

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).

Decided not to start new company

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:

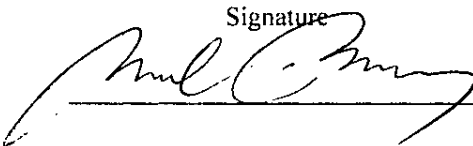
☒ There are no suits pending against the company in any court.

-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

Michael Bessos

FILING FEE: \$25.00