

L12000019072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

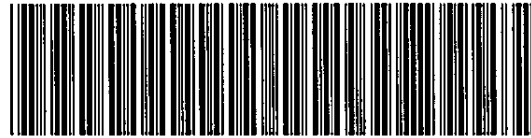
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/20/14--01036--004 **55.00

SECRETARY OF STATE
DIVISION OF REGISTRATIONS
14 OCT 20 PM 12:46

OCT 22 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRISTIAN ELLIS MD PLC

(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:

CHRISTIAN E. ELLIS MD

(Name of Person)

MEDICAL ENTERPRISES MD PLLC

(Firm/Company)

2051 PASEO REFORMA

(Address)

BROWNSVILLE, TX 78520

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTIAN E. ELLIS MD

(Name of Person)

239

404-6641

at (_____) _____

(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:

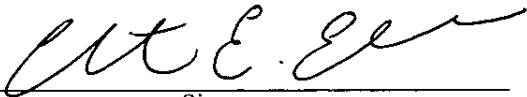
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
CHRISTIAN ELLIS MD PLC
2. The Articles of Organization were filed on 02/08/2012 and assigned
document number L12000019072
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).
CONVERSION OF ENTITY IN THE STATE OF TEXAS

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: CHRISTIAN ELLIS MD.
2051 PASEO REFORMA
BROWNSVILLE, TX 78520

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

CHRISTIAN E. ELLIS

Printed Name

FILING FEE: \$25.00

14 OCT 20 PM 12:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS