# 112000009570

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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### **COVER LETTER**

Div	rision of Corporations	•				
SUBJECT:	Key West Signature, LLC					
SUBJECT:	(Name of Limited	Liability Compan	y)			
The enclosed	d Articles of Dissolution and fee(s) are submitted	for filing.				
Please return	n all correspondence concerning this matter to the	following:				
	John Calleja, M.D.					
	(Name o	of Person)		<del></del>		
(Firm/Company)						
	1404 Petronia Street			in in The part		
(Address)					915 MAR	*
	Key West, FL 33040			#.S.	<del>2</del> -	
	(City/State a	and Zip Code)			<b>~</b>	ű II
For further i	nformation concerning this matter, please call:			Y GR-STM:	12 PM 12: 4	O STATE STATE STATE
	-	305	923-7236	S. S.	£5	
	ohn Calleja	at (	_)			
	(Name of Person)	(Area Co	de & Daytime Telephon	e Number)		
Enclosed is a	check for the following amount:					
7 \$25	5.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissopy (additional copy is e			
	MAILING ADDRESS:		EET/COURIER A	ADDRESS	) <b>:</b>	
Registration Section		Kegis	tration Section			

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

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on 29 February 2012 and assigned document number L12000029570  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).  Key West Signature, LLC functioned as a vehicle for the provision of personal medical  5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  John F. Calleja, M. D.  1404 Petronia Street  Key West, FL 33040	The name of a limited liab     Key West Signature,	• • •	
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An CC Oa 's John E College	6. Signature of an authorized listed above to wind up the co	d person or if there are no members, the signature of the person appointed appropriate and affairs:	24.5 5 7
Signature Printed Name	Ja F.Col	John F. Calleja	

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: Key West Signature, LLC		
Document number of Limited Liability Company is:		
Date of dissolution was: 31 December 2014		
Description of information that must be included in a written claim:		
Specific details and date of services/goods rendered		
	** ** <b>2</b>	
		-
	7. R. I. 2	
Mailing address where plains can be control (Claims connet be cont to the Division of		ŗ
Mailing address where claims can be sent: (Claims cannot be sent to the Division of John F. Calleja	Corporations) * 5	•
1404 Petronia Street		
Key West, FL 33040		
A claim against the above named limited liability company will be barred unless a	proceeding to enforce the	ne
claim is commenced within 4 years after the filing of this notice.		
John F. Calleja	Clein	
Printed Name of the Person Filing gignature of	the Person Filing	

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