

L12000078687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

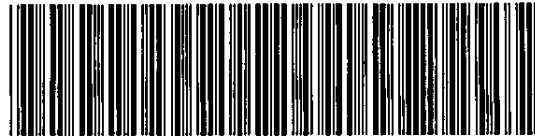
(Business Entity Name)

(Document Number)

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

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J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Town Center Family Medwac 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:

Samuel Black  
(Name of Person)

(Firm/Company)

926 West Park Drive  
(Address)

Celebration FL 34747  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Black at ( 386 ) 562-0286  
(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

Town Center Family Medicine LLC

2. The Articles of Organization were filed on June 12 2012 and assigned

document number L1 2000078687

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

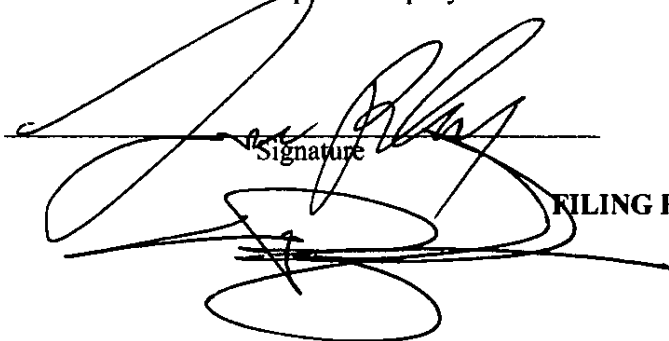
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

This form serves as <sup>official</sup> written consent to  
voluntarily dissolve Town Center Family Medicine LLC  
from its officers Chad Black and Samuel Black  
of In the Black M.D. Inc. on 6/22/16

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

Chad Black 928 Pawstrand Road  
809 Oak Shadows Ln Celebration FL 34747  
Celebration FL  
34747

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

Samuel Black  
Printed Name  
Chad Black

FILING FEE: \$25.00

SECRET  
TALLAHASSEE  
FLORIDA  
STATE

16 JUN 27 AM 9:23

ARTICLE  
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