

42000121038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

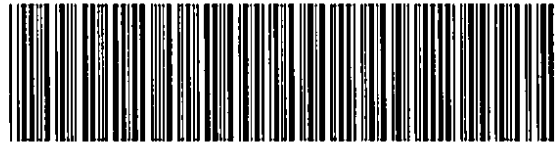
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/13/18--01028--019 **25.00

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18 NOV 19 PM 6:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Medical Financing, 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:

Philip Clarke

(Name of Person)

Kass Shuler, P.A.

(Firm/Company)

P.O. Box 800

(Address)

Tampa, FL 33601

(City/State and Zip Code)

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18 NOV 19 PM 6:33
CLERK OF COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Philip Clarke

(Name of Person)

at (813) 229-0900

(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

TAMPA MEDICAL FINANCING, LLC

2. The Articles of Organization were filed on SEPTEMBER 21, 2012 and assigned

document number L12000121038

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).

VOTE OF MEMBERS

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

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

PHILIP CLARKE

Printed Name

FILING FEE: \$25.00

FILED
18 NOV 19 PM 6:39
TALLAHASSEE, FLORIDA

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: TAMPA MEDICAL FINANCING, LLC

Document number of Limited Liability Company is: L12000121038

Date of dissolution was: NOVEMBER 14, 2018

Description of information that must be included in a written claim:

Name of Claimant

Amount of Claim

Nature of Claim

Contact Name for Claimant, address, phone number, email

Copies of supporting documentation upon which claim is based

18 NOV 19 PM 6:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Philip Clarke, Esq.

Kass Shuler, P.A.

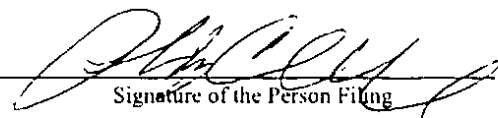
P.O. Box 800

Tampa, FL 33601

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Philip Clarke

Printed Name of the Person Filing


Signature of the Person Filing

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