

L12000139686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

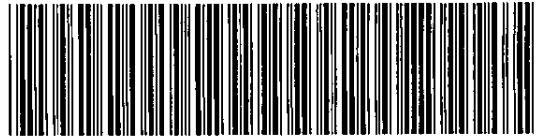
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JAN 30 A 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 31 2017

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL. 32314

January 26, 2017

RE: Dissolution of 46-1318845

To whom it may concern:

Attached find the completed form and a check for \$55 needed to process my request for dissolution of the entity Galitz Plastic Surgery Center of Aventura, LLC, with the EIN of 46-1318845.

Please remit correspondence to Richard Galitz, MD at 18851 NE 29th Avenue, Harbour Centre, Suite 306, Aventura, FL 33180. The telephone contact is 305-775-3586.

Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Galitz Plastic Surgery Center of Aventura 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:

Richard Galitz, MD, PA

(Name of Person)

(Firm/Company)

18851 NE 29 Avenue, Suite 306

(Address)

Aventura, FL. 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Galitz

(Name of Person)

at (305) 775-3586

(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
Galitz Plastic Surgery Center of Aventura LLC
2. The Articles of Organization were filed on 11-05-2012 and assigned
document number L12000139686
3. The delayed effective date the dissolution if not effective on the date of filing: 02-15-2017
(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).
I prefer to use a different entity that better fits the description of my business.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Lynda Galitz
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

Richard Galitz, MD, PA

Printed Name _____

FILING FEE: \$25.00

FILED
JUN 20 11 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA