

L13000031636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

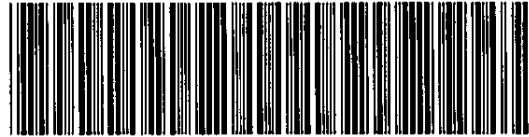
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

MAR 14 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 5, 2014

JARVI EL'AMIN  
4818 EAST 99TH AVENUE  
TAMPA, FL 33617

SUBJECT: SISTER DIANNE HUGHES MEDICAL REFERRAL SERVICES, LLC  
Ref. Number: L13000031636

We have received your document for SISTER DIANNE HUGHES MEDICAL REFERRAL SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A00004828

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sister Dianne Hughes Medical Referral Services, 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:

JARVIS K. EL AMIN  
(Name of Person)

Sister Dianne Hughes Medical Referral Services, LLC  
(Firm/Company)

4818 E. 9th Ave  
(Address)

Tampa, FL 33611  
(City/State and Zip Code)

For further information concerning this matter, please call:

JARVIS K. EL AMIN at (813) 787-6652  
(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

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

1. The name of a limited liability company is

Sisten Dianne Hughes Medical Reference Services, LLC

2. The Articles of Organization were filed on Feb 28, 2013 and assigned

document number C13000031636

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).

Due to A lack of Business, The Company  
Decided to Dissolve.

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

Jarvis K. El Amin  
4818 E. 99th Ave  
Tampa FL 33617

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:

Jarvis K. El Amin  
Signature

Jarvis K. El Amin  
Printed Name

**FILING FEE: \$25.00**

**FILED**  
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JANUARY OF 2014  
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