

L130000 33414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 JAN 22 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Limited Liability Company

DOCUMENT NUMBER: L13000033414

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Panzer

(Name of Contact Person)

Versa Medical Consulting, LLC

(Firm/Company)

1716 SW 27th Place

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Panzer

(Name of Contact Person)

at (352) 286-6411

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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
Versa Medical Consulting, LLC
2. The Articles of Organization were filed on 03/04/2013 and assigned
document number L13000033414
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).
No business was ever conducting for this business so it was deemed unnecessary to
keep this business active.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Kimberly Panzer, Owner
PO Box 3704
Ocala, Florida 34478
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:

Kimberly Panzer
Signature

Kimberly Panzer
Printed Name

FILING FEE: \$25.00

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