

L130000048955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

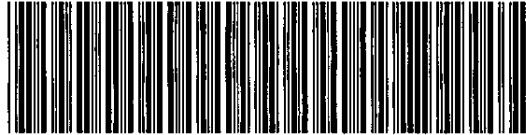
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR -2 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephen A. Irwin, M.D., L.L.C.
(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:

Christopher T. Rogers, Attorney

(Name of Person)

Mitchell Williams

(Firm/Company)

5414 Pinnacle Point Drive, Suite 500

(Address)

Rogers, AR 72758

(City/State and Zip Code)

For further information concerning this matter, please call:

Kari Jacky, Paralegal

(Name of Person)

at (479) 464-5676
(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

MITCHELL WILLIAMS

KARI JACKY, PARALEGAL
Direct Dial: 479-464-5676
e-mail: kjacky@mwlaw.com

5414 PINNACLE POINT DRIVE, SUITE 500
ROGERS, ARKANSAS 72758-8131
TELEPHONE: 479-464-5650
FAX: 479-464-5680

February 26, 2015

VIA FIRST CLASS MAIL

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Dissolution/Stephen A. Irwin, M.D., L.L.C.

Dear Division of Corporations:

Enclosed is an original Articles of Dissolution regarding the above referenced entity. Also enclosed is my firm's check in the amount of \$25 to cover the filing fee. Please process the Articles in the usual manner and return the Certificate to me at the above address.

If you have any questions, please feel free to contact me.

Yours,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By 
Kari Jacky, Paralegal


Enclosures

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

1. The name of a limited liability company is
Stephen A. Irwin, M.D., L.L.C.
2. The Articles of Organization were filed on April 3, 2013 and assigned
document number L13000048955
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).
Consent of all the Members of the LLC

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

Stephen A. Irwin

Printed Name

FILING FEE: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA