

L13000050101

(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



500256384905

02/10/14--01051--008 **25.00

FILED

14 FEB 10 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soza Clinic 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:

Konstantine Zografos
(Name of Person)

Soza Clinic LLC
(Firm/Company)

7875 SW 104 St # 202
(Address)

Miami, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Konstantine Zografos at (215) 470-4120
(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

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

1. The name of a limited liability company is

Soza Clinic LLC

2. The Articles of Organization were filed on April 5, 2013 and assigned
document number L13000050101

3. The delayed effective date the dissolution if not effective on the date of 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).

Error in filing.

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


Konstantine Zografos

FILED
14 FEB 10 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Printed Name



Konstantine Zografos

FILING FEE: \$25.00