

L13000095039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 NOV 13 AM 9:27  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Notice of Limited Liability Company Dissolution

**DOCUMENT NUMBER:** L 13000095039

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

Please return all correspondence concerning this matter to the following:

Gregory A Kirk  
(Name of Contact Person)

Gregory A Kirk MD LLC  
(Firm/Company)

258 Fortenberry Road  
(Address)

Merritt Island, Florida  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregory Kirk at (321) 626-4608  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy<br>is enclosed) |
|---|---|---|---|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Gregory A. Kirk MD LLC

Document number of Limited Liability Company is: L13000095039

Date of dissolution was: 11/1/2023

Description of information that must be included in a written claim:

I am retiring from my medical  
practice.

\_\_\_\_\_

\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Gregory A. Kirk MD  
1045 Carrigan Blvd  
Merritt Island, Florida 32952

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Gregory A Kirk  
Printed Name of the Person Filing

Gregory A. Kirk  
Signature of the Person Filing