

L13000102655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

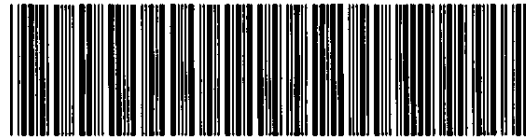
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPLES ENDOVASCULAR SPECIALISTS, 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:

KATHIE A DE FILIPPO

(Name of Person)

PARKS, DE FILIPPO & ASSOCIATES, P.A.

(Firm/Company)

203 LOOKOUT PLACE

(Address)

MAITLAND, FL 32751

(City/State and Zip Code)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

KATHIE A DE FILIPPO

(Name of Person)

at (

407

539-1330

(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
NAPLES ENDOVASCULAR SPECIALISTS, LLC
2. The Articles of Organization were filed on 07/19/2013 and assigned
document number L13000102655
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).
THE LLC NEVER STARTED BUSINESS.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Fred Pando
P.O. Box 897
Sorrento, FL 32776
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

FRED R. PANDO
Printed Name

FILING FEE: \$25.00

2014 JUL 21 PM 3:43
CLERK OF DISTRICT COURT
TALLAHASSEE FL 32301

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