

L13 000114043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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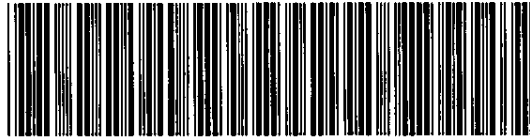
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 DEC 31 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Concierge Medical Group - South FLA 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:

Dr. Elroy A. Kalme  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 430814  
(Address)

Miami FL 33243-0814  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elroy A. Kalme at 786 531 6800  
(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

Concierge Medical Group-SouthFLA LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned  
document number \_\_\_\_\_

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2014  
(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 physicians members did not  
wish to continue working as an  
independent medical group.

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

Elroy A. Kalme  
PO Box 430814  
Miami FL 33243 0814

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

Elroy A. Kalme  
Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA

FILED