

L13000134878

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of DPA Pain Management, LLC

DOCUMENT NUMBER: L13000134878

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

Please return all correspondence concerning this matter to the following:

Karla de Cespedes
(Name of Contact Person)

DPA Pain Management, LLC
(Firm/Company)

9980 NW 6 Court, Suite 17
(Address)

Pembroke Pines, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

Karla de Cespedes at (954) 432-8887
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☒ \$20 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

DPA Pain Management, LLC

2. The Articles of Organization were filed on 09-24-2013 and assigned

document number L13000134878

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).

Financial Difficulty

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

Karla de Cespedes
9980 NW 6 Court, Suite 17
Pembroke Pines

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

Karla de Cespedes
Printed Name

FILING FEE: \$25.00

2014 APR -3 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED