

L13000139271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

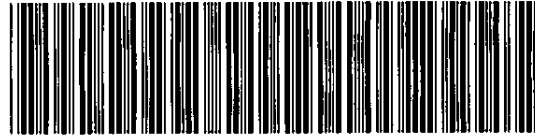
(Business Entity Name)

(Document Number)

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

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03/09/16--01006--004 \*\*60.00

ALLIANCE, FLORIDA

16 MAR -9 AM 8:33

RECEIVED  
DEPARTMENT OF  
16 MAR -9 PM 12:46

MAR 10 2016

Y SULKER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JCE Family Medicine, PLLC

Signature \_\_\_\_\_

Requested by: Seth

03/09

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION  
OF  
J.C.E. FAMILY MEDICINE, PLLC**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in § 605.0712, Fla. Stat.

Name of Corporation: J.C.E. FAMILY MEDICINE, PLLC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

All claims must be in writing and mailed to the address stated below and contain the following information:

1. Specify that the claim is against J.C.E. FAMILY MEDICINE, PLLC;
2. Name, address, and telephone number of the Claimant;
3. The amount of the claim;
4. Description and basis of the claim; and
5. When appropriate, the account number or reference number of the claim.

Mailing address where claims are to be sent:

JUAN COQUELET, D.O.  
104 NW Berkeley Avenue  
Port St. Lucie, FL 34986

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

Dated: 3/6, 2016

  
JUAN G. COQUELET, Manager

FILED  
16 MAR - 8 AM 8:33  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA

## ARTICLES OF DISSOLUTION

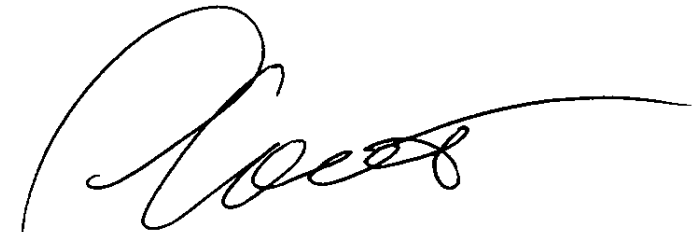
FOR

### J.C.E. FAMILY MEDICINE, PLLC

1. The name of the limited liability company is:  
J.C.E. FAMILY MEDICINE, PLLC
2. The Articles of Organization for this Limited Liability Company were originally filed on October 2, 2013, and assigned Florida document number L13000139271. The Amended Articles of Organization was filed on April 24, 2015, changing the name from J.C.E. Family Medicine, LLC to J.C.E. Family Medicine, PLLC.
3. The effective date the dissolution is the date of filing of this Articles of Dissolution.
4. The occurrence that resulted in the Limited Liability Company's dissolution that the Company is closing and ceasing operations.
5. Name and Address of Member/Manager handling company's activities and affairs:

Juan G. Coquelet, D.O.  
104 NW Berkeley Ave.  
Port St. Lucie, FL 34986

Dated 3/6, 2016

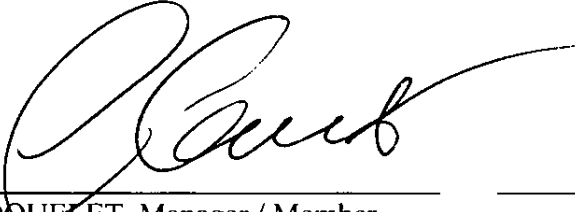
  
\_\_\_\_\_  
JUAN G. COQUELET, Manager

FILED  
MAR - 5 AM 8:34  
CLERK OF CIRCUIT COURT  
PORT ST. LUCIE, FLORIDA

**UNANIMOUS WRITTEN CONSENT  
OF MANAGERS AND MEMBERS TO VOLUNTARY DISSOLUTION OF  
J.C.E. FAMILY MEDICINE, PLLC**

We, the undersigned, being all of managers and members of J.C.E. FAMILY MEDICINE, PLLC, a Florida professional limited liability company, consent to the voluntary dissolution, effective on the date that the Manager files the Articles of Dissolution with the Secretary of the State of Florida, but no later than March 31, 2016, and directs the manager of the company to take all steps necessary or appropriate to carry out the intent of this resolution.

In assent to the above, each of the undersigned members has signed his or her name and dated the signing opposite the number of shares of the corporation held by him or her of record on such date.

 _____ JUAN G. COQUELET, Manager / Member	Date <u>3/4/16</u>	% Interest <u>100%</u>	16 MAR -9 AM 8:34 REC. 10814
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