

L13000140160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

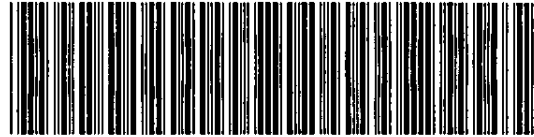
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100255875351

01/24/14--01020--016 **25.00

FILED
2014 JAN 24 AM 11:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2014
6:00 PM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRACTICE PARTNERS OF BAKERSFIELD, 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:

JAMES DETELICH

(Name of Person)

PRACTICE PARTNERS OF BAKERSFIELD, LLC

(Firm/Company)

400 ISLAND WAY UNIT 909

(Address)

CLEARWATER BEACH, FL 33767

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DETELICH

(Name of Person)

at (310) 902 2634

(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

FILED
2014 JAN 24 AM 11:11
TALLAHASSEE
FLORIDA
STATE

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

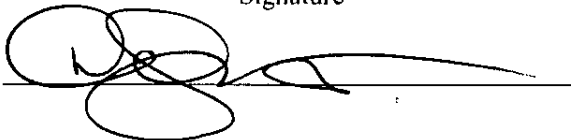
1. The name of a limited liability company is
PRACTICE PARTNERS OF BAKERSFIELD, LLC
2. The Articles of Organization were filed on OCTOBER 4, 2013 and assigned
document number L13000140160
3. The delayed effective date the dissolution if not effective on the date of filing: _____
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
COMPANY NO LONGER IN OPERATION.

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

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

Printed Name



JAMES DETELICH

FILING FEE: \$25.00

FILED
2014 JAN 24 AM 11:11
CLERK OF STATE
TALLAHASSEE FLORIDA

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: PRACTICE PARTNERS OF BAKERSFIELD, LLC

Date of dissolution was: JANUARY 20, 2014

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

COMPANY HAS DISSOLVED AND NOT PERFORMING ANY BUSINESS IN THE STATE OF FLORIDA

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

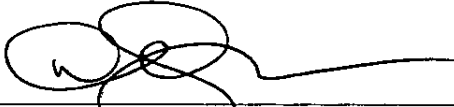
400 ISLAND WAY UNIT 909
CLEARWATER BEACH, FLORIDA 33767

FILED
2014 JAN 24 AM 11:11
CLERK OF STATE
TALLAHASSEE FLORIDA

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.

JAMES DETELICH

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00