L13000143392

(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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04/01/19--01016--026 **25.00

FILED
2019 APR -1 PM 5:48
TALLAHASSEE, FL

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEDIATRIC & ADOLESCENT HEALTH ASSOCIATES, 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:

TABASSUM SHAMIM
(Name of Person)

PEDIATRIC & ADOLESCENT HEALTH ASSOCIATES, LLC
(Firm/Company)

P.O. BOX 42116
(Address)

RICHMOND VA. 23224
(City/State and Zip Code)

For further information concerning this matter, please call:

KHURRAM GHORI at (860) 593-2222
(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

PEDIATRIC & ADOLESCENT HEALTH ASSOCIATES, LLC

2. The Articles of Organization were filed on 10/10/13 and assigned

document number L13000143392

3. The delayed effective date the dissolution if not effective on the date of filing: 3/31/19
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

PERSECTION 605.0701(2) ALL MEMBERS OF LLC (IF ANY) CONSENTED TO ITS DISSOLUTION. AS IT IS SINGLE MEMBER LLC, MANAGING MEMBER/PRESIDENT

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

TABASSUM SHAMIM
PO BOX 42116
RICHMOND VA. 23224

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:

Tabassum Shamim
Signature

TABASSUM SHAMIM
Printed Name

FILING FEE: $25.00

FILED
2019 APR -1 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FL

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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: PEDIATRIC & ADOLESCENT HEALTH ASSOCIATES, LLC

Document number of Limited Liability Company is: L13000143392

Date of dissolution was: 3/31/19

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

NAME OF CLAIM FILER OR PARTY
ADDRESS, Phone & EMAIL Address of CLAIM FILER
WHAT IS THE RELATION SHIP OF CLAIMENT WITH PARTY
ITEMS OR SERVICES PROVIDED WITH DATE OF SERVICE
DESCRIPTION OF CLAIM FILED & DATE OF CLAIM FILED.

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

PEDIATRIC & ADOLESCENT HEALTH ASSOCIATES, LLC
C/O TABASSUM SHAMIM
POBOX [redacted]-42116
RICHMOND VA 23224

FILED
2019 APR -1 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Tabassum Shamim
Printed Name of the Person Filing

TABASSUM SHAMIM
Signature of the Person Filing

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