

L13000145654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

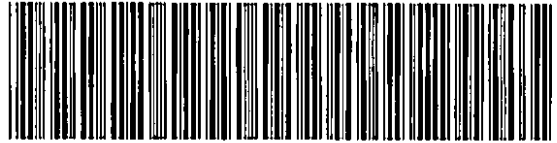
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700348542197

07/23/2010 01:27:00 \*\*25.00

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JUL 16 2020

2010 JUL 16 11:11:12  
CLERK OF SUPERIOR COURT  
JUL 16 2020

*Dissolution*

SEP 1 2020

D. CUCHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INNOVATIVE OPEN MRI OF INDIANA, 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:

Robert S. Rushing, Esq.

\_\_\_\_\_  
(Name of Person)

Carver Darden et al.

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

151 West Main Street, Suite 200

\_\_\_\_\_  
(Address)

Pensacola, FL 32502

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert S. Rushing, Esq.

850

266-2303

at (

\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RECEIVED  
JUL 16 11:11 AM  
2010

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

1. The name of a limited liability company is  
INNOVATIVE OPEN MRI OF INDIANA, LLC

2. The Articles of Organization were filed on 10/16/2013 and assigned  
document number L13000145654

3. The delayed effective date the dissolution if not effective on the date of filing: 07/06/2020  
(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.

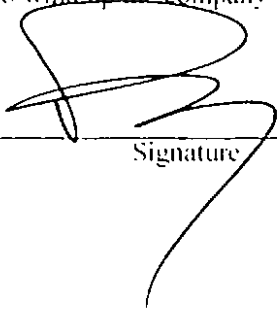
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes. (copy 605.0707 on back cover letter).  
Consent of all members to dissolution pursuant to Fla. Stat. 605.0701(2).

Consent of all members to dissolution pursuant to Fla. Stat. 605.0701(2).

Consent of all members to dissolution pursuant to Fla. Stat. 605.0701(2).

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

Paul Stanley, as Manager of Innovative MRI Partners, LLC, as Manager of  
Innovative Open MRI of Indiana, LLC

Printed Name

**FILING FEE: \$25.00**

2013 OCT 16 PM 1:19  
STATE OF FLORIDA  
DEPARTMENT OF STATE

## 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: INNOVATIVE OPEN MRI OF INDIANA, LLC

Document number of Limited Liability Company is: L13000145654

Date of dissolution was: 07/06/2020

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

The name of the creditor, amount of the claim, physical and mailing address of creditor,

any documents supporting the claim, and itemization of the claim if it includes interest, fees, and/or costs.

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

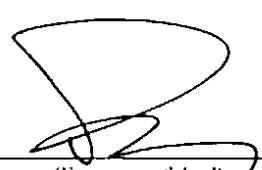
13021 Whisper Sound Drive

Tampa, FL 33618

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.

Paul Stanley, as Manager of Innovative MRI Partners, LLC, as Manager of  
Innovative Open MRI of Indiana, LLC

\_\_\_\_\_  
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**