## 1/3000/52059

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TILEU 2016 JUN 27 AM 5: 52 SEURLIARY OF STATE



K. SALY EXAMINER JUN 2.8 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 193903 4353914

AUTHORIZATION : Spelle Rena

COST LIMIT : \$ 25.00

ORDER DATE : June 27, 2016

ORDER TIME : 3:38 PM

ORDER NO. : 193903-015

CUSTOMER NO: 4353914

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## DOMESTIC FILINGS

NAME: PINELLAS NEUROINTERVENTIONAL

ASSOCIATES, PL

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

•.	ARTICLES OF DISSOLUTION	•
	FOR A LIMITED LIABILITY COMPANY	2016 JUN 27 AM  SECRETARY OF
1. The name of a limited liabil	lity company is	2016 JUN 27
Pinellas Neurointerventional A	Associates, PL	_ SECRE _ AM
2. The Articles of Organization	on were filed on 10/28/13 and	SECRETARY OF STANSIER FLOOR
document number L1300013	52059	
Note: If the date inserted in t	the dissolution if not effective on the date of filing: Jure date cannot be prior to or more than 90 days later than date documenthis block does not meet the applicable statutory filing requirective date on the Department of State's records.	icili is received for fining)
605.0707, Florida Statutes, (	e that resulted in the limited liability company's dissolution (copy 605.0707 on back cover letter).	•
In accordance with Section 60:	5.04073 of the Florida Statutes, the dissolution was approved	d written consent of the
Sole Member.		
5. If there are no members, en activities and affairs:	nter the name and address of the person appointed to win/a	nd up the company's
activities and affairs:	person or if there are no members, the signature of the	
activities and affairs:  6. Signature of an authorized	person or if there are no members, the signature of the	person appointed and