

43000157400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

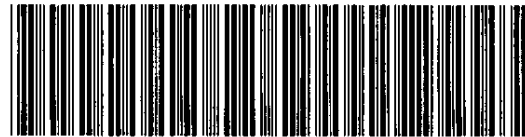
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/14--01020--012 **25.00

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CLERK OF SUPERIOR COURT
JULIA S. DE LOURDES

AUG 11 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER VASCULAR GROUP 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:

SIGRID HUBER

(Name of Person)

PARTSBASE INC.

(Firm/Company)

905 CLINT MOORE ROAD

(Address)

BOCA RATON, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

SIGRID HUBER

(Name of Person)

561

at (

953-0717

(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

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
PREMIER VASCULAR GROUP LLC
-
2. The Articles of Organization were filed on **11/08/2013** and assigned
document number **L13000157460**
-
3. The delayed effective date the dissolution if not effective on the date of filing: **08/01/2014**
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
CHANGE IN LINE OF BUSINESS
-
-
-
-
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: **SIGRID HUBER**
905 CLINT MOORE ROAD
BOCA RATON, FL 33487
-
-
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

FILE

SIGRID HUBER

Printed Name**FILING FEE: \$25.00**

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STATION
FLORIDA