

# L13000 171398

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000137113 3)))



H200001371133ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407)841-1200  
Fax Number : (407)423-1831

LLC DISSOLUTION OR WITHDRAWAL  
AMS OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 11 2020

2020 MAY -8 PM 4:25

RECEIVED

((COVER LETTER))

TO: Registration Section  
Division of Corporations

SUBJECT: AMS OF FLORIDA, 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:

BRADLEY R. GOULD, Personal Representative of the Estate of Michael W. Mullins

(Name of Person)

DEAN, MEAD, MINTON & ZWEMER

(Firm/Company)

1903 S. 25th Street, Suite 200

(Address)

FORT PIERCE, FL 34947

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDY BRIGLIA

(Name of Person)

772

464-7700

at

(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

((H20000137113 3)))

(((H20000137113 3)))  
**ARTICLES OF DISSOLUTION  
 FOR  
 A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

AMS OF FLORIDA, LLC

2. The Articles of Organization were filed on 12/27/2013 and assigned

document number L13000177398

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

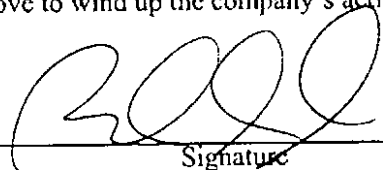
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

THE CONSENT OF THE SOLE MEMBER

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

Bradley R. Gould, Personal Representative  
 of the Estate of Michael W. Mullins

Printed Name

**FILING FEE: \$25.00**

(((H20000137113 3)))

**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: AMS OF FLORIDA, LLC

Document number of Limited Liability Company is: L13000177398

Date of dissolution was: UPON FILING

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

NAME OF CLAIMANT: \_\_\_\_\_

ADDRESS OF CLAIMANT: \_\_\_\_\_

AMOUNT OF CLAIM: \_\_\_\_\_

BASIS OF CLAIM (ATTACH COPY): \_\_\_\_\_

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

Bradley R. Gould, Personal Representative of the Estate of Michael W. Mullins

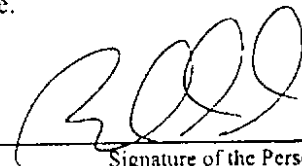
1903 S. 25th Street, Suite 200

FORT PIERCE, FL 34947

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.

Bradley R. Gould, Personal Representative  
of the Estate of Michael W. Mullins

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

(((H20000137113 3)))