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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

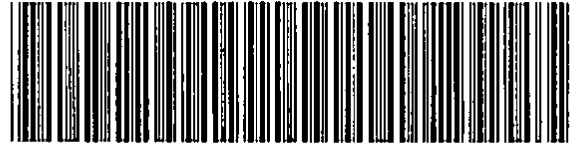
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JUN 23 2022

A. LUNT

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FILED
SECRETARY OF STATE
DIVISION OF REVENUE
2022 MAY -2 AM 10:17

05/02/22--01051--030 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Weiss MD Pediatrics 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:

David Weiss
(Name of Person)
David Weiss MD Pediatrics LLC
(Firm/Company)
2367 Seminole Rd, ~~APT 10~~
(Address)
Atlantic Beach, FL 32233
(City/State and Zip Code)

For further information concerning this matter, please call:

David Weiss at (904) 465-2011
(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

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

FILED
DEPARTMENT OF STATE
2012 MAY -2 AM 10:17

1. The name of a limited liability company is

David Weiss MD Pediatrics LLC

2. The Articles of Organization were filed on 1/9/2014 and assigned

document number L 14000004558

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).

Cor LLC ceased doing 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:

David Weiss MD

2367 Seminole Rd

Atlantic Beach, FL 32233

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:

David Weiss

Signature

David Weiss

Printed Name

FILING FEE: \$25.00