

L140000 192 44

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

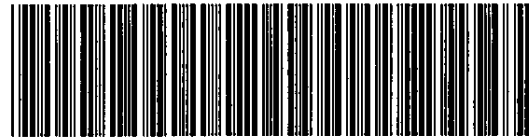
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200256435192

02/10/14--01016--003 \*\*25.00

FILED

2014 FEB 10 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 11 2013

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRESIDENTIAL WAY MEDICAL 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:

RACHEL BENSIMON

(Name of Person)

PRESIDENTIAL WAY MEDICAL LLC

(Firm/Company)

1501 PRESIDENTIAL WAY, SUITE 5

(Address)

WEST PALM BEACH, FLORIDA 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

RACHEL BENSIMON

(Name of Person)

at ( 561 ) 213-3886

(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:**

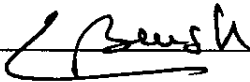
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is  
PRESIDENTIAL WAY MEDICAL LLC
2. The Articles of Organization were filed on 02/04/2014 and assigned  
document number L14000019244
3. The delayed effective date the dissolution if not effective on the date of 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).  
THE NAME OF THE LLC WAS INCORRECTLY ENTERED.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Printed Name



Rachel R. Bensimon

**FILING FEE: \$25.00**

**FILED**  
2014 FEB 10 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA