

114 0000 604 906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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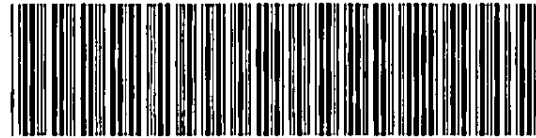
(Business Entity Name)

(Document Number)

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2019 FEB 23 AM 11:47

R. WHITE

JAN 07 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advanced Labs of SW 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:

Paul Economon

\_\_\_\_\_  
(Name of Person)

FisherBroyles, LLP

\_\_\_\_\_  
(Firm/Company)

4000 Legato Road - Suite 1100

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

Fairfax, VA 22033

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Economon

\_\_\_\_\_  
(Name of Person)

703

896-7657

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

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

2019 DEC 23 PM 11:47

1. The name of a limited liability company is

Advanced Labs of SW Florida, LLC

2. The Articles of Organization were filed on April 21, 2014 and assigned

document number L14000064906

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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.

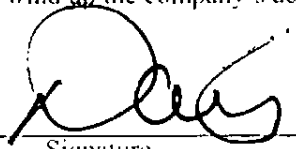
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

§605.0701 (2) of the Act - Written 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: N/A

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:

X

  
Signature

Jonathan S. Daitch, Member and Manager

Printed Name

**FILING FEE: \$25.00**