

L14000065064

(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:

prior effect. date
4/6 Kate Wallace gave
authorization to change
effective date to 3/4/15
dec

Office Use Only



200269139452

03/04/15--01012--022 **25.00

SECRET
FALL AMBASSADOR

15 MAR -4 PM 4:02

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Company

DOCUMENT NUMBER: L14 0000 65 064

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr Kenneth A Wallace

(Name of Contact Person)

Wallace Surgical Services PLLC

(Firm/Company)

13112 Luntz Point Lane

(Address)

Windermere FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Kate Wallace

(Name of Contact Person)

at (850)

(Area Code)

5970323

(Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations •

March 27, 2015

DR. KENNETH A. WALLACE
WALLACE SURGICAL SERVICES PLLC
13112 LUNTZ POINT LANE
WINDERMERE, FL 34786

SUBJECT: WALLACE SURGICAL SERVICES PLLC
Ref. Number: L14000065064

We have received your document for WALLACE SURGICAL SERVICES PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 715A00006156

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

1. The name of a limited liability company is

Wallace Surgical Services PLLC

2. The Articles of Organization were filed on 4/22/2014 and assigned

document number L14000065064

3. The delayed effective date the dissolution if not effective on the date of filing: 3/4/15
(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).

The business was never used.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

FILED
15 MAR -11 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Kenneth A Wallace III MD

Signature

Kenneth Wallace

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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: Wallace Surgical Services PLLC

Document number of Limited Liability Company is: L14000065064

Date of dissolution was: 3/4/15

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

The company was never used.

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

13112 Luntz Point Lane
Windermere FL 34786

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.

Kenneth A Wallace

Printed Name of the Person Filing

Kenneth A Wallace III MD

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00