

KK10000 19921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

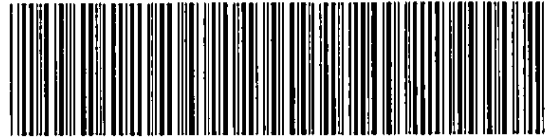
(Business Entity Name)

(Document Number)

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T. GLASS

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JUN 26 2019

**CORPORATE
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- CERTIFIED COPY _____
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2019 JUN 25 PM 12:14

1. CAROL LEWIS, SURGICAL ASSISTING PLLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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

1. The name of a limited liability company is
Carol Lewis, Surgical Assisting PLLC
2. The Articles of Organization were filed on 05/16/2014 and assigned
document number L14000079921
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).

RETIREMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CAROL L. LEWIS

1300 POWIS ROAD

ST. AUGUSTINE, FL 32095

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:

Carol L. Lewis
Signature

CAROL L. LEWIS
Printed Name

FILING FEE: \$25.00