

L14 000 147244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

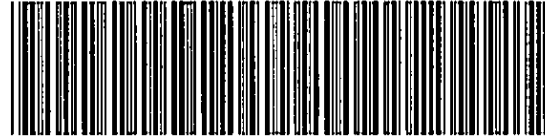
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/23--01011--012 **25.00

FILED
2023 JAN 23 AM 7:30
STATE
TALLAHASSEE, FL

cf 3/28/2023

COVER LETTER

TO: Registration Section
Division of Corporations
Mandarin Pain Solutions, PLLC

SUBJECT: _____
(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:

Steve McIntyre

(Name of Person)

Mandarin Pain Solutions, PLLC

(Firm/Company)

1300 Oaklanding Lane

(Address)

Hemign Island, FL 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

Steve McIntyre

904

382-3669

at (_____) _____

(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

2023 JAN 23 AM 7:30

CLERK OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
Mandarin Pain Solutions, PLLC


2. The Articles of Organization were filed on September 19, 2014 and assigned
document number 114000147244

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2022
(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).
Closed practice to resume W2 employed position.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs:
Steve McIntyre
PO BOX 600643
JACKSONVILLE, FL 32260

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

Steve McIntyre

Printed Name

FILING FEE: \$25.00