

L14000172926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

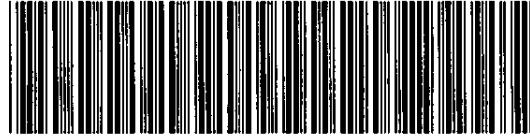
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 22 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 03 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversity Ortho Solutions, LLC L14000172926
(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:

William D. King

(Name of Person)

Accountants and Business Advisors, Inc.

(Firm/Company)

2631-A NW 41st Street

(Address)

Gainesville, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan King

(Name of Person)

352

at (

219-5351

(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
Diversity Ortho Solutions, LLC
2. The Articles of Organization were filed on November 6, 2014 and assigned
document number L14000172926
3. The delayed effective date the dissolution if not effective on the date of filing: N/A - date of filing
(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 limited liability company never engaged in business matters after it was formed.
There was no reportable business activity or assets associated with this LLC. The
owners and/or organizer of this entity elected to voluntarily dissolve the LLC and
pursuit other business plans.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: William D. King (Registered Agent)
2631-A NW 41st Street
Gainesville, FL 32606
6. Signature of an authorized person or if there are no members, the signature of the person appointed as
listed above to wind up the company's activities and affairs:

William D. King
Signature

William D. King
Printed Name

FILING FEE: \$25.00

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ALLAHASSEE, FLORIDA
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