

L14000183201

(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:

Wrong Statute

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2016

MICHAEL W. KILCHYENSTEIN
121 BEARS PAW TRAIL
NAPLES, FL 34105

SUBJECT: MICHAEL W. KILCHENSTEIN, M.D., LLC
Ref. Number: L14000183201

We have received your document for MICHAEL W. KILCHENSTEIN, M.D., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 316A00006740

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL W. KILCHENSTEIN, M.D., 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:

MICHAEL W. KILCHENSTEIN
(Name of Person)

MICHAEL W. KILCHENSTEIN, M.D.
(Firm/Company)

121 BEARS PAW TRAIL
(Address)

NAPLES, FL 34105
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL W. KILCHENSTEIN at (239) 391-2167
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.
Certificate of Status &
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

MICHAEL W. KILCHENSTEIN, MD, LCC

2. The Articles of Organization were filed on 12/1/2014 and assigned

document number L 14000183201

3. The delayed effective date the dissolution if not effective on the date of filing: 4/17/2016
(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).

ADVISED BY ACCOUNTANT NOT TO USE LCC

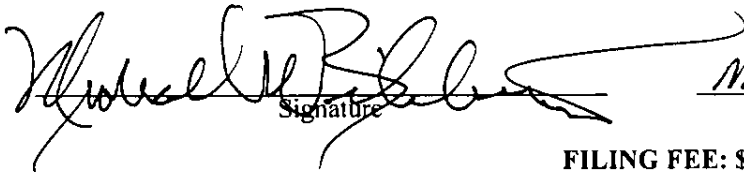
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

MICHAEL W. KILCHENSTEIN

2590 GOLDEN GATE PARKWAY # 111

NAPLES, FL. 34105

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

MICHAEL W. KILCHENSTEIN
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA