

L15000011787

(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:

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FILED
2015 AUG -4 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG -5 2015

Thomas Kovack, DO
c/o TPOC Kit, LLC
801 US Highway 1, Suite 3 B
North Palm Beach, FL 33408

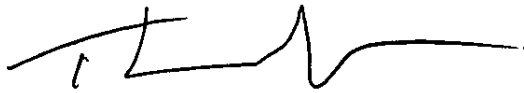
Florida Department of State
Attn: Teresa Brown
Regulatory Specialists II
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Brown:

Please in-activate and dissolve TPOC Kit, LLC – DOC# L15000011787, as it was opened in error on 1/20/2015. This entity will have no activity for this year 2015 or any future periods.

If you have questions or concerns, please feel free to give my Registered Agent Hilary Kloska a call at 561.440.4460.

Sincerely,



Thomas Kovack, DO – Sole Member
TPOC Kit, LLC



Hilary Kloska – Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2015

TPOC KIT, LLC
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

SUBJECT: TPOC KIT, LLC
Ref. Number: L15000011787

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 315A00014824

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TPOC kit, 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:

Hilary Kloska
(Name of Person)
The Progressive Orthopaedic Company
(Firm/Company)
801 US Highway 1, Suite B
(Address)
North Palm Beach, FL 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

Hilary Kloska at (561) 440-4460
(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/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2015 AUG -4 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

TPOC KIT, LLC

2. The Articles of Organization were filed on 1/20/15 and assigned

document number L15000011787

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).

Entity was opened in error

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

Hilary Kloska - Registered Agent
801 US Highway 1, Suite B
North Palm Beach, FL 33408

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:

Hilary Kloska
Signature

Hilary Kloska
Printed Name

FILING FEE: \$25.00