

L15000075412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

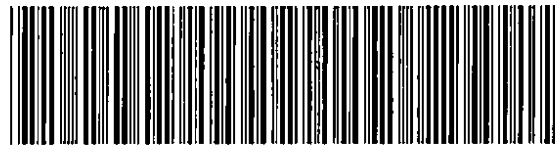
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2023 NOV 17 PM 4:01
FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.SEAN KELLEY M.D. L.L.C.

(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:

Amber R. Mondock, Esq.

(Name of Person)

Mondock Law PLLC

(Firm/Company)

4760 Tamiami Trail N. #23

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Amber R. Mondock, Esq.

(Name of Person)

239

at (_____) _____

673-2211

(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**

1. The name of a limited liability company is

E.SEAN KELLEY M.D. L.L.C.

2. The Articles of Organization were filed on 04/29/2015 and assigned

document number L15000075412

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2023
(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).

The consent of the sole member.

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

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

Dr. Edward S. Kelley, Authorized Member

Printed Name

FILING FEE: \$25.00

2023 NOV 17 PM 4:01
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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: E.SEAN KELLEY M.D. L.L.C.

Document number of Limited Liability Company is: L15000075412

Date of dissolution was: _____

Description of information that must be included in a written claim:

(1) The name and mailing address of the claimant:

(2) The amount of the claim, including any finance charges or interest that is accruing; and

(3) An explanation of the circumstances under which the claim arose sufficient to apprise the Company of the nature of the claim and determine the extent to which it is liable for payment.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mondock Law PLLC

c/o Amber R. Mondock, Esq.

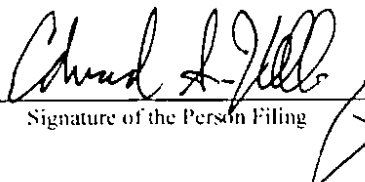
4760 Tamiami Trail N. #23

Naples, FL 34103

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dr. Edward S. Kelley

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

4760 Tamiami Trail N, Unit 23, Naples, FL 34103

Tel: (239) 673-2211

Fax: (239) 734-9933

amber@mondocklaw.com

www.mondocklaw.com



Mondock Law
PLLC

November 14, 2023

Sent via FedEx Ground:

Department of State
Division of Corporations
Attn: Registration Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: 23.114 – E. Sean Kelley M.D. L.L.C. – Certificate of Dissolution and Certified Copy

To Whom it May Concern:

Please find enclosed operating account check #1071 for the Certificate of Dissolution of E. Sean Kelley M.D. L.L.C with further request details below:

Entity's Name:	E. Sean Kelley M.D. L.L.C.
Document #:	L215000075412
Document Type:	Certificate of Dissolution & Certified Copy
Effective Date of Filing:	December 31, 2023

I have enclosed a prepaid envelope for the return of the document once complete.

Should you have any questions or require anything additional, please do not hesitate to contact our office.

Best,

Sally Mondock

Enclosures