

L15000155825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

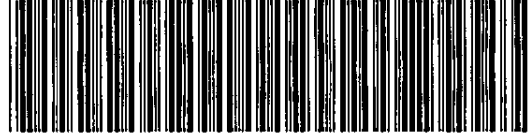
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200279692842

12/07/15--01042--025 **25.00

FILED
15 DEC -7 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA FREE CLINIC , 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:

BAHA D SIDANI

(Name of Person)

CENTRAL FLORIDA FREE CLINIC , L.L.C.

(Firm/Company)

526 Darcey Drive

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

BAHA D SIDANI

(Name of Person)

at (407) 427-3389

(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:

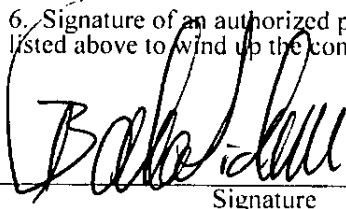
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CENTRAL FLORIDA FREE CLINIC, L.L.C.
2. The Articles of Organization were filed on September 11, 2015 and assigned
document number L15000155825
3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2015
(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).
Due to a non profit organization can not be a limited liability company because of that dissolving the entity
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Baha D Sidani

526 Darcey Drive

Winter Park, FL 32792
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

BAHA D SIDANI

Printed Name

FILING FEE: \$25.00

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: CENTRAL FLORIDA FREE CLINIC , L.L.C.

Document number of Limited Liability Company is: L15000155825

Date of dissolution was: 12/01/2015

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

Due to a non profit organization can not be a limited liability
company because of that dissolving the company

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

526 Darcey Drive
Winter Park, FL 32792

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.

Baha D Sidani

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

FILED
15 DEC -7 AM 11:00
SECRETARY OF STATE
TAMM AHASSI, FLORIDA