

L1600000S103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

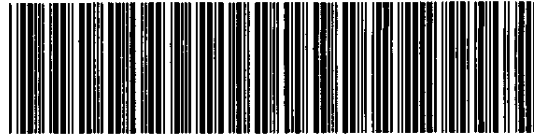
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/01/16--01010--021 **55.00

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16 MAY 31 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SFLKP-DIALYSIS, 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:

Lillian A. Ser, Esq.

(Name of Person)

Ser & Associates

(Firm/Company)

2100 Ponce De Leon Blvd suite 1180

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lillian A. Ser, Esq.

(Name of Person)

at (**305**) **222-7282**

(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

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: SFLKP- Dialysis, LLC

Document number of Limited Liability Company is: L16000005103

Date of dissolution was: May 31, 2016

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

A description of the claim, including date of the claim.

The amount of the claim.

A copy of any agreement the claim is based on.

The names of any other parties involved.

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

Ser & Associates

2100 Ponce De Leon Blvd, suite 1180

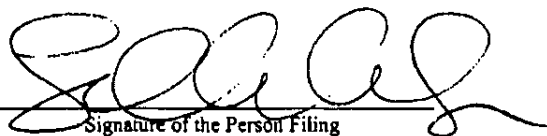
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A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Lillian A. Ser

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