## L16000034062

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10/13/23--01012--007 \*\*25.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Marianna Imaging, LLC (Name of Limite	ed Liability Company)
(Name of Enime	a claomity company)
The enclosed Articles of Dissolution and fee(s) are submitted. Please return all correspondence concerning this matter to the submitted of the	
William Scott Campbell, Jr.	
(Nam	e of Person)
Marianna Imaging, LLC	
(Fim	n/Company)
609 North Bay Drive	
(/	Address)
Lynn Haven, FL , 32444	
(City/Stal	te and Zip Code)
For further information concerning this matter, please call:	
William Scott Campbell, Jr.	at (850 ) 381-3847 - Cell
(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	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 24, 2023

WILLIAM SCOTT CAMPBELL, JR 609 NORTH BAY DRIVE LYNN HAVEN, FL 32444

SUBJECT: MARIANNA IMAGING, LLC

Ref. Number: L16000034062

We have received your document for MARIANNA IMAGING, 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):

The Articles of Dissolution must be signed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 123A00024657

Neysa Culligan Regulatory Specialist III

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

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1. The name of a limited liab	oility company is	, 111 4: 23	
Marianna Imaging, LLC		TALLAHASSEE, FLORIDA	
. The Articles of Organizat	ion were filed on 2/18/20		
document number L16000	0034062		
(effecti	ive date cannot be prior to or r in this block does not meet t	fective on the date of filing: 11/01/2023 nore than 90 days later than date document is received for filing) the applicable statutory filing requirements, this date will n ent of State's records.	ot be
. A description of occurrence 605.0707, Florida Statutes	ce that resulted in the lin	nited liability company's dissolution pursuant to section cover letter).	on
•	• • • •	ontract at Jackson County Hospital.	
If there are no members, e	enter the name and addre William Scott Campbo	ss of the person appointed to wind up the company's ell, Jr.	
	609 N. Bay Drive		
	Lynn Haven, FL		
	32444		
Signature of an authorized bove to wind up the compar	I person or if there are no ny's activities and affairs	o members, the signature of the person appointed and	liste
Vellan Scott 7	and DA	William Scott Campbell, Jr.  Printed Name	

FILING FEE: \$25.00