# 16000212921

(Re	questor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





100300266021

06/26/17--01015--001 \*\*25.00



# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Robert Brenan MD 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:
Robert Branan (Name of Person)
(Firm/Company)
3243 Bellwind Circle (Address)
Rouchedge, F1 32955.  (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Brennan at 321 626-2346 (Area Code & Daytime Telephone Number) 4
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution  \$\sim \\$55.00 \text{ 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 liabi	ility company is					
		Censan.	mo.	LLC		
2. The Articles of Organization	on were filed on/	Nov 21/1				
document number/	60002	112521				
3. The delayed effective date (effective Mote: If the date inserted in listed as the document's effective date.	this block does not m	neet the applicable statu	tory filing req	ument is received uirements, this	20, 20 d for filing) date will not be	17
4. A description of occurrence 605.0707, Florida Statutes,	e that resulted in th (copy 605.0707 on	ne limited liability cor	npany's diss	olution pursua	int to section	
This a			<u> </u>	mone	=4	
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5. If there are no members, er activities and affairs:		·		<u>.</u>		
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	mer	Ser B J. Ap	=1	3250	星型 2	干
6. Signature of an authorized listed above to wind up the co	person or if there a	are no members, the s			ഗാഗത	ED
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n Un		Rose	est h	3cen no	66 S	, ,
Signature			Printed N	lame		

**FILING FEE: \$25.00**