

U6000 2/4 783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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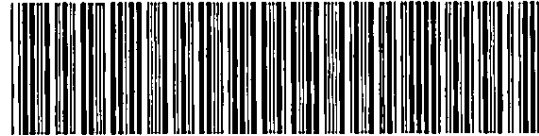
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV 16 AM 9:34

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*UKS
12-3-18*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Articles of Dissolution for a LLC

DOCUMENT NUMBER: _____

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAJIV R PATEL

(Name of Contact Person)

(Firm/Company)

560 ESTATES PLACE

(Address)

LONGWOOD - FL - 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

RAJIV R. PATEL at (407) 461-9364

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &

Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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

D. R. PATEL D.M.D., PLLC,

2. The Articles of Organization were filed on November 23, 2016 and assigned

document number L16000214783

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

DEATH

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

RAJIV R PATEL

560 ESTATES PLACE

LONGWOOD - FL - 32779

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

RAJIV PATEL
Printed Name

FILING FEE: \$25.00

2016 NOV 16 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED