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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

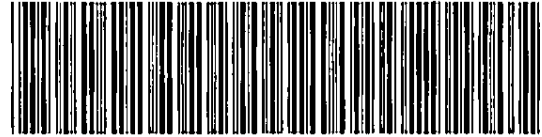
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST FLORIDA MEDICAL STAFF FUND, 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:

Anne Kirkpatrick

(Name of Person)

L Kirkpatrick Consulting, LLC

(Firm/Company)

10099 Nelle Avenue - Unit 907

(Address)

Pensacola, FL 32507

(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Kirkpatrick

(Name of Person)

at (850) 375-7152

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2019

ANNE KIRKPATRICK
L. KIRKPATRICK CONSULTING LLC
10099 NELLE AVENUE - UNIT 907
PENSACOLA, FL 32507

SUBJECT: WEST FLORIDA MEDICAL STAFF FUND, LLC
Ref. Number: L17000042448

We have received your document for WEST FLORIDA MEDICAL STAFF FUND, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00018293

RECEIVED
2019 OCT 21 P 12:53
S.C.

October 15, 2019

West Florida Medical Staff
8383 N. Davis Highway
Pensacola, FL 32514

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The West Florida Medical Staff Fund LLC (Florida Document # L17000042448), was set up as a for-profit LLC. We later realized we really should have been a non-for-profit corporation. We applied for non profit status with the Internal Revenue Service and they have provided that to us, but when we tried to amend our Articles of Incorporation, you told us we needed to dissolve that LLC and create a Not For Profit corporation.

Enclosed is:

1. The letter from you telling us to do this
2. The forms to dissolve the current LLC as of December 31, 2019
3. The forms to create a Not For Profit Corporation

You already have the \$25 to dissolved the LLC and I have enclosed a check for \$70 to create the new Not For Profit Corporation. Please let me know if there are any additional pieces of information you need, or questions that need to be answered. Thank you for your assistance.

Sincerely,



Anne Kirkpatrick
Registered Agent
(850) 375-7152
Lkconsulting82@att.net

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

1. The name of a limited liability company is
WEST FLORIDA MEDICAL STAFF FUND, LLC

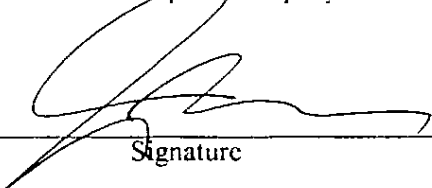
2. The Articles of Organization were filed on February 22, 2017 and assigned
document number L17000042448

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).
Our activities are considered non-profit by the IRS and they granted non-profit status but required that we amend
our Articles of Incorporation. When we tried to do this, Florida determined we need to be a Florida non-profit
corporation instead of an LLC. We are dissolving the LLC and forming a non-profit corporation in it's place.

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

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

Jon Moore, MD

Printed Name

FILING FEE: \$25.00