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(Business Entity Name)

(Document Number)

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2022 FEB 11 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PANAMA MEDICAL REHABILITATION, PLLC

(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:

MOHAMMAD RAHMAN

(Name of Person)

PANAMA MEDICAL REHABILITATION, PLLC

(Firm/Company)

137 QUENTIN ROAD

(Address)

BROOKLYN, NY 11223

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX ZOLOTUSKIY, CPA

(Name of Person)

718 449-4876

at (

) (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 32304-6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
300 South Adams Street
Tallahassee, FL 32301

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

FILED

2022 FEB 11 AM 7:18

**SECRETARY OF STATE
TALLAHASSEE, FL**

1. The name of a limited liability company is
PANAMA MEDICAL REHABILITATION, PLLC
2. The Articles of Organization were filed on 07/20/2017 and assigned
document number L17000155799
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).
BUSINESS DISCONTINUED
BUSINESS DISCONTINUED
BUSINESS DISCONTINUED
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: MOHAMMAD RAHMAN
463 MAKERS WAY
PANAMA CITY, FL 32405
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

MOHAMMAD RAHMAN
Printed Name