

480001401a30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

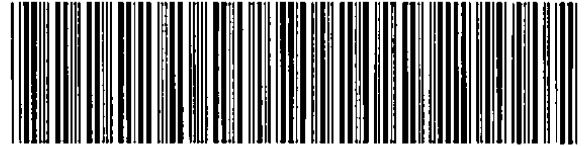
(Business Entity Name)

(Document Number)

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R. WHITE  
JUL 23 2019

2019 JUL 22 PM 2:40  
Filing Office

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LLC Dissolution

**DOCUMENT NUMBER:** L18000140630

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anil Nasta

(Name of Contact Person)

Lionmed Physician Consulting LLC

(Firm/Company)

758 San Remo Drive

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Anil Nasta

(Name of Contact Person)

at (954) 218-2112

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2019

ANIL NASTA  
758 SAN REMO DR  
WESTON, FL 33326

SUBJECT: LIONMED PHYSICIAN CONSULTING LLC  
Ref. Number: L18000140630

We have received your document for LIONMED PHYSICIAN CONSULTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White  
Regulatory Specialist III

Letter Number: 719A00012859

2019 JUL 22 AM 11:26

RECEIVED

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

FILED

1. The name of a limited liability company is

Lionmed Physician Consulting LLC 2019 JUL 22 PM 2:40

2. The Articles of Organization were filed on 06/06/2018 and assigned

document number ~~1018000140630~~ error on  
L18000140630

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).

Did not engage in any business & no  
plans to do so in the future.

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

Anil Nasir  
Printed Name

**FILING FEE: \$25.00**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lionmed Physician Consulting 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:

Anil Nasta  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

758 San Remo Drive  
(Address)

Weston, FL 33326  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anil Nasta at ( 954 ) 218-2112  
(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  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301