

W19000176260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

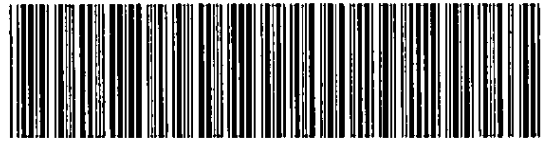
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800380788228

01/31/22--01012--016 **25.00

FILED
2022 JAN 31 PM 12:13
FBI - JAX

COVER LETTER

TO: Registration Section
Division of Corporations

Doctors' Diligence Company 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:

Diana Garcia

(Name of Person)

Kelley Kronenberg P.A.

(Firm/Company)

10360 West State Road 84

(Address)

Fort Lauderdale, Fl. 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Garcia

954

370-9970

at (_____)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

Doctors' Diligence Company LLC

2. The Articles of Organization were filed on 07/08/2019 and assigned

document number 1.19000176260

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).

The consent of all the members of the limited liability company.

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:

Yoel Vivas

Signature

Yoel R. Vivas, MD, Manager

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Doctors' Diligence Company LLC

Document number of Limited Liability Company is: 119000176260

Date of dissolution was: Date of filing

Description of information that must be included in a written claim:

All claims must be provided in writing and all claims must be made within 4 years after the filing of this notice.

Claims must not be sent to the Florida Department of State, Division of Corporations.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

13550 Jog Road, Suite 204

Delray Beach, FL 33446

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Yoel R. Vivas, MD, Manager

Printed Name of the Person Filing

Yoel Vivas

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00