

10/14/2019

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L19000184408

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
 Account Number : I20160000008  
 Phone : (850)777-2091  
 Fax Number : (770)220-1943

**LLC DISSOLUTION OR WITHDRAWAL  
 TRUEPARTNERS MANATEE ICU SPECIALISTS PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRUEPARTNERS MANATEE ICU SPECIALISTS PLLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(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

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
TRUEPARTNERS MANATEE ICU SPECIALISTS PLLC
2. The Articles of Organization were filed on 07/17/2019 and assigned  
document number L19000184408
3. The delayed effective date the dissolution if not effective on the date of filing: upon 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 limited liability company is no longer transacting business.
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:

s/ David Soria  
Signature

David M. Soria, M.D.  
Printed Name

**FILING FEE: \$25.00**

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