

L19000237801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

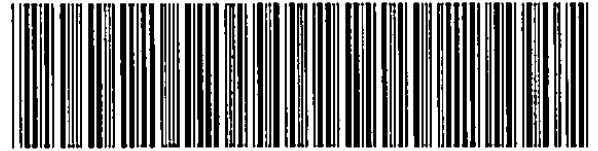
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY -1 PM 12:04

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MAY 18 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preferential Injury Physicians 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:

Phrankie Rodriguez

(Name of Person)

PIP

(Firm/Company)

2711 Michigan Ave

(Address)

Kissimmee Florida 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

Phrankie Rodriguez DC

407

931-3200

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**

2020 MAY 11 PM 12:04
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1. The name of a limited liability company is
Preferential Injury Physicians LLC

2. The Articles of Organization were filed on 09/30/2019 and assigned
document number L19000237801

3. The delayed effective date the dissolution if not effective on the date of filing: 04/28/2020
(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).

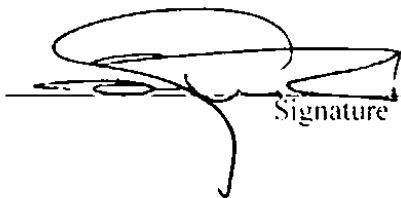
THE PURPOSE OF THE DISSOLUTION OF LLC WAS AS
A RESULT OF AN ERROR IN MY PART, DURING
THE APPLICATION PROCESS, I SHOULD OF FILE UNDER
A D.B.A. RATHER LLC.

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

2711 Michigan Ave

Kissimmee, Fl. 34744

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

Phrankie Rodriguez DC

Printed Name

FILING FEE: \$25.00