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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

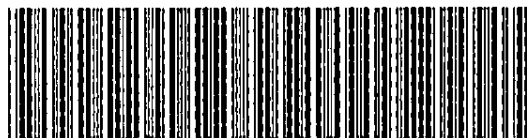
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R. WHITE

NOV 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHAROS PRACTICE, LLC
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TIFFANY RODRIGUEZ
(Contact Person)

TREASURE COAST MEDICAL SOLUTIONS, LLC
(Firm/Company)

2311 SW FREEMAN ST.
(Address)

PORT ST. LUCIE, FL 34953
(City, State and Zip Code)

For further information concerning this matter, please call:

TIFFANY RODRIGUEZ at (772) 333-6161
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☒ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

RECEIVED

SEP 28 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2020

TIFFANY RODRIGUEZ
TREASURE COAST MEDICAL BUSINESS SOLUTION
2311 SW FREEMAN STREET
PORT ST LUCIE, FL 34953

SUBJECT: PHARUS PRACTICE LLC
Ref. Number: L20000031533

We have received your document for PHARUS PRACTICE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 420A00021975

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: (PHARUS GROUP); (PHARUS PRACTICE, 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:

TIFFANY RODRIGUEZ
(Name of Person)

TREASURE COAST MEDICAL BUSINESS SOLUTIONS, LLC
(Firm/Company)

2311 SW FREEMAN STREET
(Address)

PORT ST. LUCIE, FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

TIFFANY RODRIGUEZ at 772, 333-7416
(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

PHARUS PRACTICE, LLC

2. The Articles of Organization were filed on 01/24/2020 and assigned

document number L200000031533

3. The delayed effective date the dissolution if not effective on the date of filing: 9/28/2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

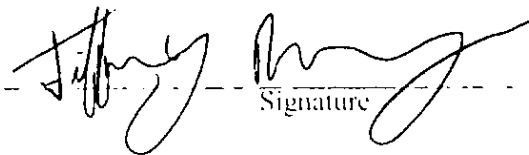
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

TIFFANY M. RODRIGUEZ DISSOLVED PARTNERSHIP WITH (PHARUS PRACTICE, LLC;
PHARUS GROUP) EFFECTIVE 9/15/20 AND WILL NO LONGER OPERATE AS
GENERAL PARTNER / PRESIDENT / AMBR FOR 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:


Signature

TIFFANY M. RODRIGUEZ
Printed Name

FILING FEE: \$25.00