

L20000214685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

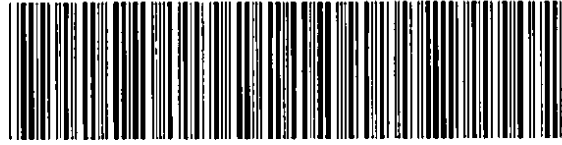
(Document Number)

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TALLAHASSEE, FL 32301

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2022 DEC -2 AM 10:17

SECRETARY OF
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: MISTY 12/2

XX CERTIFIED COPY _____

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XX FILING

DISSOLUTION _____

THE PROSTHETIC INSTITUTE OF CENTRAL FLORIDA, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

2022 DEC -2 AM 10:17
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
THE PROSTHETIC INSTITUTE OF CENTRAL FLORIDA, LLC
2. The Articles of Organization were filed on 07/22/2020 and assigned
document number L20000214685
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

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

Meri A. Insko, Ind & PR of Estate of Jeffrey T. Insko
Printed Name

FILING FEE: \$25.00