

**L20 00033979**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

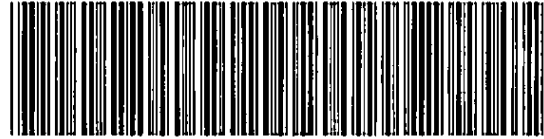
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**MAR 24 2021**

**S. YOUNG**

2021 FEB -8 PM 6:24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NW FLORIDA FAMILY MEDICINE 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:

CLAUDIA MOLINA-PIERCE MD

(Name of Person)

NW FLORIDA FAMILY MEDICINE LLC

(Firm/Company)

3279 BURNT PINE LN

(Address)

MIRAMAR, FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAUDIA MOLINA-PIERCE MD

(Name of Person)

850

797-7400

at ( )

(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

NW FLORIDA FAMILY MEDICINE LLC

2. The Articles of Organization were filed on 10/27/2020 and assigned

document number 1.2000033979

3. The delayed effective date the dissolution if not effective on the date of filing: 01/21/2021  
(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).

LLC WAS NEVER USED FOR PURPOSE INTENDED.

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LLC WAS NEVER USED FOR PURPOSE INTENDED.

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

CLAUDIA MOLINA-PIERCE MD

3279 BURNT PINE LN

MIRAMAR, FL 32550

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

CLAUDIA MOLINA-PIERCE MD

Printed Name

**FILING FEE: \$25.00**

2021 FEB -8 PM 6:24