

L21000232022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500387227035

RECEIVED
2022 MAY -6 PM 4:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2022 MAY -6 AM 7:59
TALLAHASSEE, FL

cf 5/16/22

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 661204 8364259

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : May 5, 2022

ORDER TIME : 10:46 AM

ORDER NO. : 661204-005

CUSTOMER NO: 8364259

DOMESTIC FILINGS

NAME: VMD PRIMARY PROVIDERS
CENTRAL FLORIDA WEST, PLLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VMD Primary Providers Central Florida West, PLLC

(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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Dianne Chiappetti

(Name of Person)

312

at (_____) _____

465-7900

(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

FILED

2022 MAY -6 AM 7:59

1. The name of a limited liability company is
VMD Primary Providers Central Florida West, PLLC

SECRETARY OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on May 19, 2021 and assigned
document number L21000232022

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).
Entity is dormant and does not transact 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: Brent Asplin; 125 S. Clark St., Suite 900, Chicago, IL 60603

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

Brent Asplin
Printed Name