## L21000232022

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 661204 8364259

AUTHORIZATION : Tree of the control of the contro

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

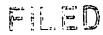
Registration Section

TO:

Division of Corporations					
VMD Primary Providers Central Florida	VMD Primary Providers Central Florida West, PLLC  (Name of Limited Liability Company)				
(Name of Lim					
enclosed Articles of Dissolution and fee(s) are submi	itted for filing.				
ase return all correspondence concerning this matter to	o the following:				
(Na	ime of Person)				
(Fi	(Firm/Company)				
	(Address)				
(City/S	tate and Zip Code)				
further information concerning this matter, please cal	1:				
Dianne Chiappetti	312 at (	465-7900 ode & Daytime Telephone Number)			
(Name of Person)	(Area C	ode & Daytime Telephone Number)			
closed is a check for the following amount:					
☐ \$25.00 Filing Fee and Certificate of Dissolution		g Fee, Certificate of Dissolution & Copy (additional copy is enclosed)			
Mailing Address:	Street Addres				
Registration Section Division of Corporations	Registration Section Division of Corporations				
P.O. Box 6327		of Tallahassee			
Tallahassee. FL 32314		nroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1.	The name of a limited liabili	y company is	2022 HAY -6	AM 7: 59	
	VMD Primary Providers Cen	tral Florida West, PLLC	SECI TALLO LA	JATE	
			TALLALIA	SSEETFL	
2.	The Articles of Organization	were filed on May 19, 2021	and assigned		
	document number L2100023	2022			
3.	(effective of Note: If the date inserted in the	e dissolution if not effective on late cannot be prior to or more than 90 is block does not meet the applical we date on the Department of State	days later than date document is received ble statutory filing requirements, this d	for filing) ate will not be	
4.	A description of occurrence (605.0707, Florida Statutes, (c	hat resulted in the limited liabil opy 605.0707 on back cover let	ity company's dissolution pursuant ter).	to section	
	Entity is dormante and doe	s 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. abo	Signature of an authorized peove to wind up the company's	rson or if there are no members activities and affairs:	the signature of the person appoir	ted and listed	
	Signature	Brent	Asplin Printed Name	<u></u>	
	Jigiiatute		i inited ranie		

FILING FEE: \$25.00