

L22000288295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

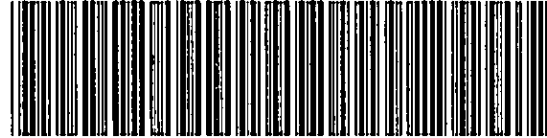
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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NOV 14 2022

11/15/22--01003--027 **25.00

2022 NOV 14 AM 10:55

FEB 11 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DTSP Primary Care
(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:

Jennifer Senior
(Name of Person)
DTSP Primary Care
(Firm/Company)
175 2nd St S #1001
(Address)
St. Petersburg, FL 33701
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Senior at (727) 599-6823
(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

2022 NOV 14 AM 10:55

1. The name of a limited liability company is

DTSP Primary Care

2. The Articles of Organization were filed on 6/27/22 and assigned

document number L 22000288295

3. The delayed effective date the dissolution is not effective on the date of filing: 11/1/2022
(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.

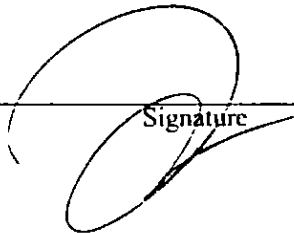
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Decided Not to proceed with Starting
this 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:

Jennifer Senior
175 2nd St S #1001
St. Petersburg, FL 33701

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

Jennifer Senior
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: DTSP Primary Care

Document number of Limited Liability Company is: L22000288295

Date of dissolution was: 11/1/2022

Description of information that must be included in a written claim:

Attempted to start this business but
still too many restrictions on nurse
practitioner practice. Decided not to
proceed.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

175 2nd St S #1001
Saint Petersburg, FL 35.01

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Jennifer Senier
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00