

h22000293767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

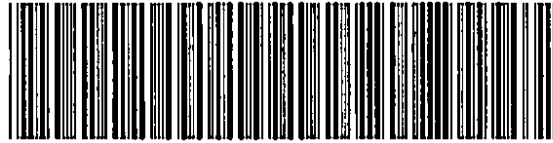
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2022 AUG 17 PM 2:13
TALLAHASSEE, FLORIDA

SEP 23 2022

S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BFD Anesthesia 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:

Benjamin Deckoff

(Name of Person)

BFD Anesthesia LLC

(Firm/Company)

1681 SW Boykin Ave

(Address)

Port St Lucie, FL 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

Benjamin Deckoff

(Name of Person)

561

398-5204

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

BFD Anesthesia LLC

2. The Articles of Organization were filed on 6/28/2022 and assigned

document number 1.22000293767

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 LLC was formed erroneously and will not be doing business.

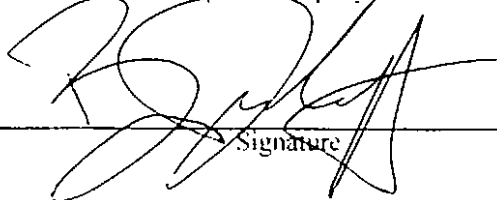
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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

Benjamin Deckoff

Printed Name

FILING FEE: \$25.00