

Dec. 22, 2020 10:34AM

Gray Robinson

No. 0792 P. 1

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L99000006752

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((H20000436283 3)))



H20000436283ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Yvonne Mendez
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

RECEIVED

2020 DEC 22 AM 11:55

LLC DISSOLUTION OR WITHDRAWAL PHYSICIANS DEVELOPMENT, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

20 DEC 22 AM 9:00

FILED
DIVISION OF STATE
CORPORATIONS

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DEC 22 2020

D CUCHING

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Physicians Development, L.C.

2. The Articles of Organization were filed on October 15, 1999 and assigned
document number L99000006752

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 written consent of the members in accordance with the Company's operating agreement.

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

C. Scott Nunes, Manager

Printed Name

FILING FEE: \$25.00

20 DEC 22 AM 9:00

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CLERK OF STATE
DEPT. OF CORP. ORATION

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: Physicians Development, L.C.

Document number of Limited Liability Company is: L99000006752

Date of dissolution was: _____

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

1. Name, address, telephone number and email address of claimant.

2. Amount of claim.

3. Date that claim arose.

4. Description of goods or services or matters giving rise to claim.

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

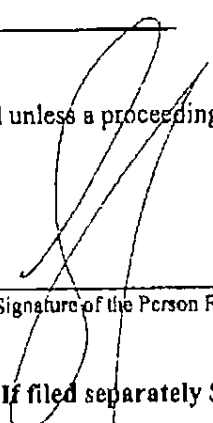
2200 S. Babcock Street

Melbourne, FL 32901

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.

C. Scott Nunes, Manager

Printed Name of the Person Filing


Signature of the Person Filing

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