

PO6000150527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

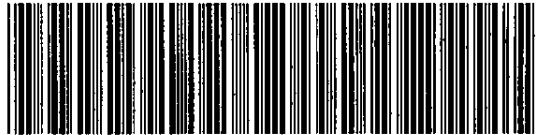
(Document Number)

Certified Copies _____

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11/12/09--01023--002 **43.75

EFFECTIVE DATE
11/30/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 12 AM 2:05

FILED

11/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P 06000150527

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lin Li

(Name of Contact Person)

Lin Li, M.D. PA

(Firm/Company)

436 MARSH POINT CIRCLE

(Address)

ST AUGUSTINE, FL 32080

(City/State and Zip Code)

For further information concerning this matter, please call:

Lin Li

(Name of Contact Person)

at (904) 392 1187

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
11-30-09

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Lin Li MD, PA

SECOND: The document number of the corporation (if known): P06000150527

THIRD: The date dissolution was authorized: NOV 10th, 2009

Effective date of dissolution if applicable: NOV 30th, 2009
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(single owner)
(voting group)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 12 AM 2:05

FILED

Signature: _____

Lin Li
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Lin Li
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35