

L10000021982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

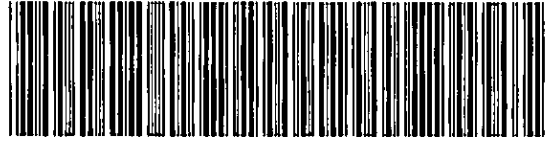
(Business Entity Name)

(Document Number)

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06/30/20--01028--006 \*\*25.00

20 06 30 AM 11:19  
OFFICE OF THE CLERK  
STATE OF CALIFORNIA  
CORPORATIONS

*Dissolution*

AUG 23 2020  
D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dr. Mylisa L. Epps, 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:

Mylisa Epps  
(Name of Person)

Dr. Mylisa L. Epps, LLC  
(Firm/Company)

218 E. Bearss Ave. #304  
(Address)

Tampa FL 33612  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mylisa Epps at (813) 961-8013  
(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

20 JUN 30 AM 11:19  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Dr. Mylisa L. Epps, LLC

2. The Articles of Organization were filed on ~~08/02~~ 02/25/2010 and assigned

document number L10000021982

3. The delayed effective date the dissolution if not effective on the date of filing: 06/30/2010  
(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).

Went out of 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:

Mylisa Epps  
218 E Bearss Ave. # 304  
Tampa, FL 33613

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:

Mylisa Epps  
Signature

Mylisa Epps  
Printed Name

FILING FEE: \$25.00

20 JUN 30 AM 11:19

STATE OF FLORIDA  
DEPARTMENT OF STATE