

L17000 079970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

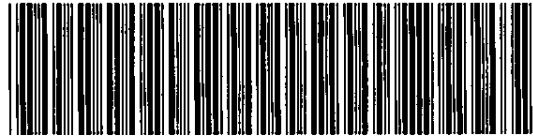
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/02/14--01015--012 **25.00

2014 JAN 12 11:19 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Utilization Management, 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:

Dr. Howard Robbins

(Name of Person)

Individual

(Firm/Company)

2322 Bay Colony Ct.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Robbins

(Name of Person)

at (917) 554-3286

(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:

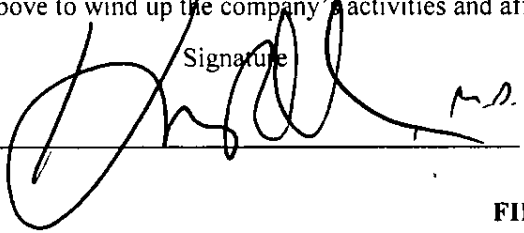
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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

1. The name of a limited liability company is
Medical Utilization Management, LLC
2. The Articles of Organization were filed on 06/03/2013 and assigned
document number L13000079970
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2013
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).
No longer desire to conduct Medical Utilization consulting business. Sole Member is pursuing
other business interests.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Dr. Howard Robbins (Sole Member)
2322 Bay Colony Ct.
Stuart, FL 34994
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  M.D.

Printed Name
Dr. Howard Robbins

FILING FEE: \$25.00

FILED
14 JAN - 2 03:10:12
TALLAHASSEE, FLORIDA