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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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09/13/18--01030--029 \*\*61.25

*Handwritten signature or initials*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEUROBRAIN DIAGNOSTIC, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to:  
MICHAEL ROZENBERG

(Contact Person)  
NEUROBRAIN DIAGNOSTIC, LTD.  
(Firm Company)  
6920 SW 56TH COURT  
(Address)  
DAVIE, FL 33314  
(City, State and Zip Code)

For further information concerning this matter, please call:

MICHAEL ROZENBERG at (954) 646-1212  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee    ☒ \$61.25 Filing Fee and Certificate of Status    ☐ \$105.00 Filing Fee and Certified Copy    ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

NEUROBRAIN DIAGNOSTIC, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/17/2009, assigned Florida document number A09000000411, hereby submits this Certificate of Dissolution.


**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)  
PARTNERSHIP IS DISSOLVING DUE TO CEASING OF BUSINESS OPERATIONS.

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: 9.30.18  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75