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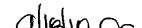
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| PICK-UP | WAIT | MAIL |
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| (Ru | siness Entity Name) | |
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| Certified Copies | Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Regist ration | on Section | | | |
|---|---|--|--|--|
| Division of Corp | orations | | | |
| NEU | ROBRAIN DIAGNOSTIC. | LTD. | | |
| | (Name of Florida Limited Par | tnership or Limited Liability I | Limited Partners hip) | |
| | tificate of Dissolution a correspondence concern BERG | | ted for filing. | |
| - | (Contac | ct Person) | <u>. </u> | |
| NEUROBRAIN DIA | AGNOSTIC, LTD. | | | |
| | (līrm: | Company) | | |
| 6920 SW 56TH CO | URT | | | |
| | (Add | tress) | · · | |
| DAVIE, FL 33314 | | | | |
| | (City, State a | ınd Zip Code) | · | |
| For further inform | nation concerning this r | matter, please call: | | |
| MICHAEL ROZEN | BERG | 954 at (| 646-1212 | |
| (Na | me of Contact Person) | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is a che | ck for the following an | юunt: | | |
| □\$52.50 Filing Fee | S61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fe and Certified Co | | |
| STREET ADDR | | | NG ADDRESS: | |
| Registration Sect | | | Registration Section | |
| Division of Corp | orations | Division P. O. Be | of Corporations | |
| Clifton Building 2664 Evecutive Center Circle | | | 98 0027 See El 32314 | |

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

| NEUROBRAIN DIAGNOSTIC, LTD. | |
|---|--|
| (Name of Florida Limited Partnership o | r Limited Liability Limited Partners hip) |
| partnership or limited liability limit | on 620,1203, Florida Statutes, this Florida limited sed partnership, whose certificate was filed with the 7/2009, assigned Florida, hereby submits this Certificate of |
| FIRST: Reason for dissolution: (3 | State why partnership is submitting dissolution) |
| PARTNERSHIP IS DISSOLVING DUE | TO CEASING OF BUSINESS OPERATIONS. |
| | |
| | |
| | |
| | |
| SECOND: A Notice of Disso (Check box if a | |
| Department of State.) | e than 90 days after the date this document is filed by the Florida es not meet the applicable statutory filing requirements, this date will |
| Signatures of each general partner or the p | 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 |