L04000020890

(Red	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	⇒#)
PICK-UP	☐ WAIT	MAIL
	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



000205759810

· **60.00 · **60.00

TALLYHASSEE FLORID

B. BOSTICK
MAY - 5 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marisa Messore & Elizabeth Etkin-Kramer, 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:

Melissa O'Rourke
(Name of Person)
VitalMD Group Holding, LLC (Firm/Company)
3225 Aviation Avenue Suite 700 = 1
Miami F 33133
(City/State and Zip Code)
(City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:
Melissa O'Rourke at 305 273.4641
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

ر
ımber
`
ay be
ution: