

L050000 72186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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State of New York

County of New York

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDOGATE, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX LANGEN  
(Name of Person)

LANGEN & LANGEN  
(Firm/Company)

112 S. Hibiscus Drive  
(Address)

MIAMI, FL 33139  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAX LANGEN at (305) 674-0023  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 29, 2005

MAX LANGEN  
LANGEN & LANGEN, P.A.  
112 HIBISCUS DRIVE  
MIAMI, FL 33139

SUBJECT: MEDOGATE, LLC  
Ref. Number: L05000072186

We have received your document for MEDOGATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form for a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 505A00059403



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 18, 2005

MAX LANGEN  
LANGEN & LANGEN, P.A.  
112 HIBISCUS DRIVE  
MIAMI, FL 33139

SUBJECT: MEDOGATE, LLC  
Ref. Number: L05000072186

*We have received your document for MEDOGATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):*

*Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.*

*Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.*

*If you have any questions concerning the filing of your document, please call (850) 245-6913.*

Diane Cushing  
Document Specialist

Letter Number: 505A00063309



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 15, 2005

MAX LANGEN  
LANGEN & LANGEN, P.A.  
112 HIBISCUS DRIVE  
MIAMI, FL 33139

SUBJECT: MEDOGATE, LLC  
Ref. Number: L05000072186

We have received your document for MEDOGATE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 905A00067700

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

1. The name of a limited liability company is

MEDOGATE, LLC.

2. The Articles of Organization were filed on JULY 14, 2005 and assigned document number

05000072186

3. The date the dissolution was approved: JULY 29, 2005

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

FIUNG WAS OF WRONG TYPE.  
AN INC. WAS INTENDED

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Max Ogden  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_