

LOS0000 24954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

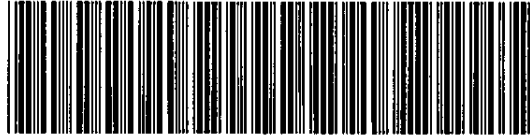
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN -2 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Max and Grim Enterprises, 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:

(use) → Dan Burruss & Dr. Jared Selinsky
(Name of Person)

Max and Grim Enterprises, LLC
(Firm/Company)

11630 Pyramid Drive
(Address)

Odessa, Florida 33556
(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Burruss
(Name of Person)

at (248) 703-3927
(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

ARTICLE 1
JAN 17 2010

1. The name of a limited liability company is

Max and Grim Enterprises, LLC

2. The Articles of Organization were filed on 3/13/2009 and assigned

document number LO9000024954

3. The delayed effective date the dissolution if not effective on the date of filing:

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

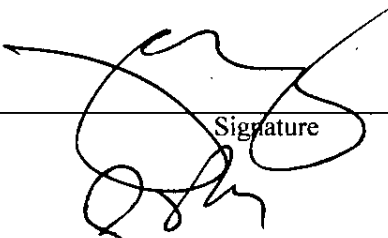
Failure of the ~~company~~ wholly owned subsidiary,
InMedEx.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

(CP) Dan Burruss, 10543 Pontofino Cir, Trinity, FL 34655

Dr. Jared Salinsky, 10436 Pontofino Cir, Trinity, FL 34655

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

Dan Burruss
Printed Name
Salinsky

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED