

L10000024186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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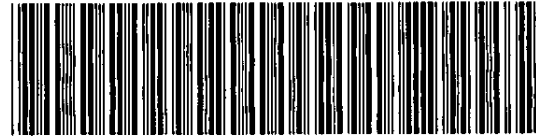
(Business Entity Name)

(Document Number)

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2016 APR 18 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chase Medical marketing, LLC

**DOCUMENT NUMBER:** L10000024186

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Megan Emerson  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

1410 Sovereign Ct  
(Address)

Orlando, FL 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

Megan Emerson at (904) 422-2513  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is enclosed) |
|---|---|---|---|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2016 APR 18 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Chase Medical Marketing, LLC

2. The Articles of Organization were filed on March, 3 2010 and assigned

document number L10000024186

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)

**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.

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).

Company no longer needed as manager has  
changed professions.

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

Megan Emerson

1410 Sovereign Ct

Orlando, FL 32804

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:

Megan Emerson  
Signature

Megan Emerson  
Printed Name

FILING FEE: \$25.00