

L10000041993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

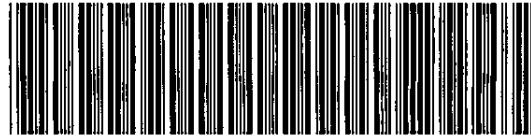
Certified Copies _____ Certificates of Status _____

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2014 FEB 14 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Fraud Defender, 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:

Carrie Kerskie
(Name of Person)

(Firm/Company)

PO Box 770311
(Address)

Naples FL 34107
(City/State and Zip Code)

For further information concerning this matter, please call:

Carrie Kerskie at (239) 435-9111
(Name of Person) (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Medical Fraud Defender, LLC

2. The Articles of Organization were filed on 04/01/2010 and assigned

document number L10000041993

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

On Friday, February 7, 2014, the members voted
to dissolve the LLC. This was an unanimous
Vote.

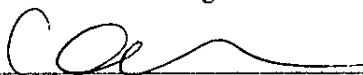
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Carrie Kerskie
PO Box 770311
Naples, FL 34107

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

Printed Name



Carrie Kerskie

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 14 PM 1:59

FILED

FILING FEE: \$25.00