

**L10000079483**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

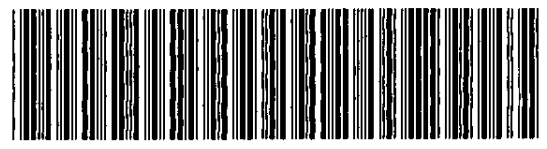
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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**FILED**  
**2011 MAY 16 AM 11:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**  
**MAY 16 2011**  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 5, 2011

SABRINA E. CORAZZA  
499 BOSTON ROAD  
#1319  
BILLERICA, MA 01821

SUBJECT: MD TO GO, LLC  
Ref. Number: L10000079483

We have received your document for MD TO GO, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 911A00011044

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MD to GO  
(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:

Sabrina E Corazza  
(Name of Person)

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

499 Boston Road #1319  
(Address)

Billerica, MA 01821  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabrina E Corazza at ( 617 ) 717-9752  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2011 MAY 16 AM 11: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MD to GO LLC

2. The Articles of Organization were filed on July 29, 2010 and assigned document number  
L10000079483

3. The date the dissolution was approved: 4/28/2011

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).

written consent of all of the members of the limited liability company

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

Sabrina E Corazza

Cornelia M Corazza