

L10000088361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
DEC - 3 2010
EXAMINER

Office Use Only



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12/06/10--01001--005 **2.50

11/16/10--01035--015 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -2 PM 4:19

FILED

wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2010

CONNIE C LEE DR.
4811 ISLAND POND COURT #1001
BONITA SPRINGS, FL 34134

SUBJECT: NEUNROMED LLC
Ref. Number: L10000088361

We have received your document for NEUNROMED LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 110A00027059

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Neunromed LLC

DOCUMENT NUMBER: L10000088361

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie C Lee DR

(Name of Contact Person)

Neunromed LLC

(Firm/Company)

4811 Island Pond Court #1001

(Address)

Bonita Springs Florida 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

Connie C Lee MD

(Name of Contact Person)

at (973) 769-4293

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neunromed LLC
(Name of Limited Liability Company)

2010 DEC -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Please return all correspondence concerning this matter to the following:

Connie C. Lee MD
(Name of Person)

Neunromed LLC
(Firm/Company)

4811 Island Pond Court #1001
(Address)

Bonita Springs, Florida 34134
(City/State and Zip Code)

For further information concerning this matter, please call:

Connie C. Lee MD at 973 769-4293
(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)

~~\$52.50~~ \$2.50

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
2010 DEC -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Neunromed LLC

2. The Articles of Organization were filed on August 25th 2010 and assigned document number

L10000088361

3. The date the dissolution was approved: 11/11/2010

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).

Business never started with one member LLC,
One member resigned & Dissolved.
(LLC has not commenced business)

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

Car C. Camp

Connie C. Lee M.D.