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COVER LETTER

Division of Corporations
SUBJECT: NOG DIAGNOSTIC, 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:
LUCA SARTINI
(Name of Person)
NOG DIAGNOSTIC, LLC
(Firm/Company)
3500 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021
(City/State and Zip Code)
For further information concerning this matter, please call:
LUCA SARTINI at (954) 239-6060
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on L11000007935	NUARY 19, 2011	and assigned doo	cument	number
3. The date the dissolution was approved: AUGL	JST 11, 2011			
4. A description of occurrence that resulted in the 1 608.441, Florida Statutes, (copy 608.441 on bac INSUFFICIENT PROFITS		dissolution pursuant	SEERRETA ALERAHAS	BUL AUG I
			SEI Y	7
			GF.	3
			OR OR	3
5. CHECK ONE:			DM P	60
-OR-Adequate provision has been made for the Adequate provision has been made for the Adequate property and assets have been distrights and interests. 7. CHECK ONE:	tributed among its members	bilities pursuant to s	. 608.4	42 1.
Adequate provision has been made for the fights and interests. 7. CHECK ONE: There are no suits pending against the condition of the conditi	he debts, obligations and lia tributed among its members ompany in any court. The satisfaction of any judgments of any judgments.	bilities pursuant to s in accordance with t	. 608.44 heir res	421. pective
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