

#L11000020014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

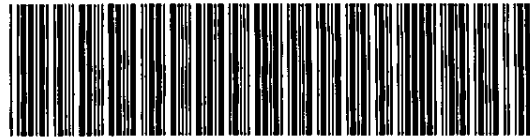
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/24/14--01020--004 **25.00

FILED

2014 JAN 24 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 30 2014

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

January 18, 2014

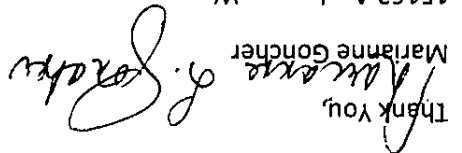
To whom it may concern,

Enclosed you will find a certificate of dissolution for my LLC named Medical Dimensions Weight Loss Clinic LLC. Doc. # L11000020014, FEIN # 275035165, and address 9700 Gladious, Ste 300, Fort Myers, FL 33908. I have enclosed a check in the amount of \$25.00. Voluntary dissolution is effective immediately, 1/20/2014.

If you have any questions you may reach me at 404-323-0413

Thank You,

Marianne Goncher



15162 Anchorage Way

Fort Myers, FL 33908

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Dimensions Weight Loss Clinic 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:

Marianne Goncher

(Name of Person)

(Firm/Company)

15162 Anchorage Way

(Address)

Fort Myers, Florida 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Marianne Goncher

(Name of Person)

at (404) 323-0413

(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2014 JAN 24 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Medical Dimensions Weight Loss Clinic LLC
2. The Articles of Organization were filed on February , 2011 and assigned
document number L11000020014
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).
Voluntary dissolution

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

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

Marianne L. Goncher

Printed Name

Marianne Goncher

FILING FEE: \$25.00