

L11000103340

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (350) 617-6383

From: Account Name : JAM MARK LIMITED
Account Number : I20000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7759

LLC DISSOLUTION OR WITHDRAWAL
NIGHT TIME PEDIATRICS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

FILED
18 AUG 10 PM 4:05
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AUG 13 2018

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**ARTICLES OF DISSOLUTION
OF
NIGHT TIME PEDIATRICS, LLC**

The undersigned, in his capacity as an authorized person of Night Time Pediatrics, LLC a limited liability company organized and existing under the Revised Limited Liability Company Act of the State of Florida (the "Limited Liability Company"), desires to dissolve the Limited Liability Company, and in furtherance

HEREBY CERTIFIES:


FIRST: The name of the Limited Liability Company is Night Time Pediatrics, LLC

SECOND: The Articles of Organization were filed on September 9, 2011 and assigned document number L11000103340.

THIRD: The date the dissolution was authorized is August 10, 2018. The dissolution shall be effective with the Florida Secretary of State upon the filing of these Articles of Dissolution.

FOURTH: Pursuant to section 605.0707, Florida Statutes, the Limited Liability Company's dissolution is a result of no business activity.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution on this 10th day of August, 2018.



Steven Moore,
Authorized Person

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

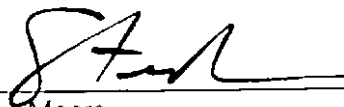
1. Name of Limited Liability Company: NIGHT TIME PEDIATRICS, LLC
2. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
3. Description of information that must be included in a claim:

The name of the claimant, the date of claim, the event giving rise to the claim, the amount claimed, and the name, address and telephone number of the contact person to whom the limited liability company should reply to regarding the claim.

4. Mailing address where claims can be sent:

Attention: Steven Moore
2007 Palm Beach Lakes Boulevard
West Palm Beach, FL 33409

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.



Steven Moore,
Authorized Person

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