

L13000006513

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR -3 PM 2:32

cc4/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meghan Breen DVM 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:

Meghan Breen

(Name of Person)

(Firm/Company)

PO Box 644

(Address)

Tryon, NC 28782

(City/State and Zip Code)

For further information concerning this matter, please call:

Meghan Breen

(Name of Person)

802

236-5426

at (

(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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -3 PM 2: 32

1. The name of a limited liability company is
Meghan Breen DVM LLC
2. The Articles of Organization were filed on January 14, 2014 and assigned
document number L13000006513
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for 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).
Accepted associate position at another veterinary hospital in NC.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Meghan Breen
PO Box 644
Tryon, NC 28782

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

Meghan Breen

Printed Name

FILING FEE: \$25.00