

L17000110041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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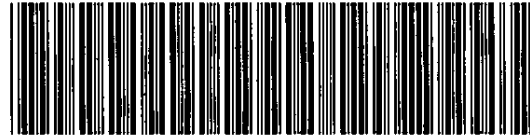
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Steven OCT 20 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

American Hifu, 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:

Kathleen Conley

(Name of Person)

Northern Litho LLC

(Firm/Company)

9010 Strada Stell Ct, #103

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Conley

(Name of Person)

at (

800) 669-7744

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee and Certificate of Dissolution



⁷⁰
\$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

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

American Hifu, LLC

2. The Articles of Organization were filed on Aug. 2, 2013 and assigned

document number L13000110041

3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 1, 2014
(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).

The LLC was registered in anticipation of doing HIFU procedures in the USA. It was not accepted for approval by the FDA therefore we are dissolving the LLC.

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

9010 Strada Stell Ct

#103

Naples, FL 34109

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:

Kathleen Conley VP
Signature

Kathleen Conley
Printed Name

FILING FEE: \$25.00

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