

L14000000488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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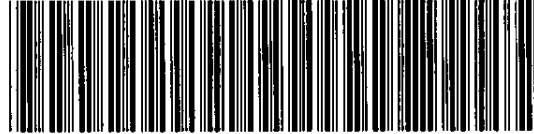
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 08 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2016

SHARON A MANGER  
3324 NW 54TH TERRACE  
GAINESVILLE, FL 32606

SUBJECT: FLORIDA MEDICAL MARIJUANA TREATMENT CENTERS  
Ref. Number: L14000000488

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TALLAHASSEE, FLORIDA

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We have received your document for FLORIDA MEDICAL MARIJUANA TREATMENT CENTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 416A00025251

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Medical Marijuana Treatment Centers 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:

Robert Roundtree  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3036 Foxhill Circle Apt 203  
(Address)

Apopka, FL 32703  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Roundtree at (407) 274-1779  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution  
*check already paid.*

☐ \$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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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Florida Medical Marijuana Treatment Centers LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number L74000000488

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Business never opened for sale.

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

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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:

Robert E. Lane III  
Signature

Robert E Lane III  
Printed Name

**FILING FEE: \$25.00**