1400 4484D

(Requ	estor's Name)		
(Addre	ess)			
(Addr	ess)			
(City/S	State/Zip/Phor	ne #)		
PICK-UP	WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Docu	ment Number	·)		
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



700296984157

MAR 22 2017 S. YOUNG TALLAHASSEE TLOSES DEPARTMENT OF STAT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE 561974 8052712 AUTHORIZATION COST LIMIT ORDER DATE: March 20, 2017 ORDER TIME : 9:25 AM ORDER NO. : 561974-005 CUSTOMER NO: 8052712 DOMESTIC FILINGS NAME: NEW LEAF FLORIDA LLC XX ARTICLES OF DISSOLUTION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender - EXT# EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section
Division of Corporations

SURFECT

New Leaf Florida 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:

Liza Ciccone	
(Name of Person)	
Sprout Health Group LLC	
(Firm/Company)	
3 Corbett Way	
(Address)	<u></u>

Eatontown, NJ 07724

(City/State and Zip Code)

For further information concerning this matter, please call:

Liza Ciccone

.,732

500-0565

(Name of Person)

(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

THAR 21 M 8:1

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited New Leaf Florida LLC	liability company is	·		
2. The Articles of Organ	ization were filed on Marc	h 17, 2014	and assigned	
document number L14	1000044840	THE STATE OF THE S		
(ef Note: If the date insert	fective date cannot be prior to or		g: document is received for filing) requirements, this date will not	
A description of occur 605.0707, Florida State	rence that resulted in the littes, (copy 605.0707 on ba	mited liability company's d	issolution pursuant to section	
Company is not longer co		,·		
. If there are no member activities and affairs:	rs, enter the name and addr Arcl Meister-Aldams		to wind up the company's	
	3 Corbett Way			
	Eatontown, NJ 07724	1		
. Signature of an author sted above to wind up th	ized person or if there are not be company's activities and	no members, the signature of affairs:	f the person appointed and	
HI	<u>/</u>	Arel Meister-Aldama		
Signature		Printed	Printed Name	

FILING FEE: \$25.00