

L14000055247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

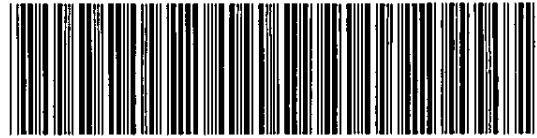
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273650159

06/08/15--01004--015 **25.00

FILED
2015 JUN - 8 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN - 9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYMD NOW, 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:

Holly Brown

(Name of Person)

MYMD NOW, LLC

(Firm/Company)

1235-A N. Clybourn Ave., #426

(Address)

Chicago, IL 60610

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Brown

(Name of Person)

at 312 226-6200 x203

(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

2015 JUN -8 PM 12: 15
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MYMD NOW, LLC

2. The Articles of Organization were filed on 04/04/2014 and assigned
document number L14000055247

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).
Corp. No Longer Needed

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

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:

Holly E Brown
Signature

Holly Brown

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

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.

Name of Limited Liability Company: MYMD NOW, LLC

Document number of Limited Liability Company is: L14000055247

Date of dissolution was: TBD

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

MYMD NOW, LLC
1235-A N. Clybourn Ave., #426
Chicago, IL 60610
Attn: Holly Brown

FILED
2015 JUN -8 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Holly Brown

Printed Name of the Person Filing

Holly E Brown

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00