

L14000062123

(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



800291764038

10/31/16--01029--028 **25.00

NOV 01 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(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:

Brian Moore

(Name of Person)

(Firm/Company)

318 Little Grove Lane

(Address)

North Fort Myers, FL

(City/State and Zip Code)

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SECRETARY OF FLORIDA
TALLAHASSEE, FL
16 OCT 31 AM 7:45

For further information concerning this matter, please call:

Brian Moore

(Name of Person)

at (**239**) **810-9565**

(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**

1. The name of a limited liability company is

A1 Medical Marijuana, LLC

2. The Articles of Organization were filed on 04/16/2014 and assigned

document number L14000062123

3. The delayed effective date the dissolution if not effective on the date of filing: 10/19/2016
(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).

A company that previously was aware of my LLC since 08/16/2016 made me aware in writing on 10/17/16

that they now view my company and website as a violation of terms and conditions within documents that I

signed with them. In spirit of earnest and 100% compliance I am dissolving this company and all known

associated traces of the company personal, private, public, or otherwise.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Brian Moore 318 Little Grove Lane North Fort Myers, FL 33917

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

Brian Moore
Printed Name

FILING FEE: \$25.00

FILED
DEPT. OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:45

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: _____

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 OCT 31 AM 7:45

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

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.

Printed Name of the Person Filing

Signature of the Person Filing

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

Cover Letter for dissolution

A1 Medical Marijuana, LLC

Brian Moore

318 Little Grove Lane

North Fort Myers, FL 33917

239-810-9565

16 OCT 31 AM 7:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE