

L14000079119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

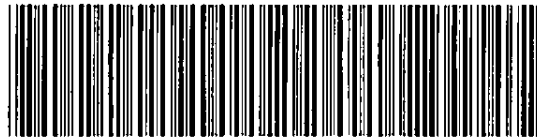
(Document Number)

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2024 APR -9 PM 5:20
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April 2, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Articles of Dissolution for a Limited Liability Company
Notice of Limited Liability Company Dissolution – MEDICAL MARY, LLC**

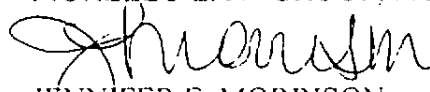
Dear Sir/Madam,

Enclosed please find Articles of Dissolution for a Limited Liability Company and Notice of Limited Liability Company Dissolution for MEDICAL MARY, LLC. Also enclosed is a check in the amount of \$25.00 for the associated filing fees.

Please process the filed documents in your usual manner and kindly return a copy of the processed documents to our office using the enclosed envelope.

Thank you for your attention to this matter. If you have any questions, please contact our office.

SINCERELY,
MORELLO LAW GROUP, P.C.


JENNIFER E. MORRISON

Enclosures
Cc: client, Norman P. Bean

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Mary, 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 E. EMMITT, ESQ.

(Name of Person)

Morello Law Group, P.C.

(Firm/Company)

1800 Biddle Avenue

(Address)

Wyandotte, Michigan 48192

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT E. EMMITT, ESQ.

(Name of Person)

at (734) 281-6464

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

Medical Mary, LLC

2. The Articles of Organization were filed on 05/15/2014 and assigned

document number L14000079119

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).

The consent of all members [section 605.0701(2) Florida Statutes]

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:



Signature

NORMAN P. BEAN

Printed Name

FILING FEE: \$25.00

2024 APR -9 PM 5:28
SEC. OF STATE
TALLAHASSEE, FL
FILED

FILED

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: Medical Mary, LLC

Document number of Limited Liability Company is: _____

Date of dissolution was: _____

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

- Reasonable description of the claim _____
- Amount of the claim _____
- Name and address of the claimer _____
- date on which the claim arose _____
- _____

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

Medical Mary, LLC
c/o Robert E. Emmitt, Esq.
1800 Biddle Avenue
Wyandotte, Michigan 48192

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.

NORMAN P. BEAN

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