

L14000110107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

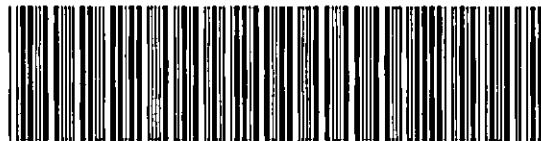
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600322763666

01/17/19-01017--004 **25.00

2019 FEB 14 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2019
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NTNV, MEDICAL DIRECTOR, LLC
(Name of Limited Liability Company)

2019 FEB 14 PM 4:30
RECEIVED
TALLAHASSEE, FLORIDA

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUNAID AHMED

(Name of Person)

NTNV, Medical Director LLC

(Firm/Company)

3503 W. SAN LUIS STREET

(Address)

TAMPA, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

JUNAID AHMED

(Name of Person)

at (813) 625 0122

(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

2019 FEB 14 PM 4:30
HALL COUNTY CLERK
TALLAHASSEE, FL 32301

1. The name of a limited liability company is

NTNV, MEDICAL DIRECTOR, LLC

2. The Articles of Organization were filed on 7/10/2014 and assigned
document number L14000110107

3. The delayed effective date the dissolution if not effective on the date of filing: 1/30/2019
(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).

No longer wanted to maintain this LLC

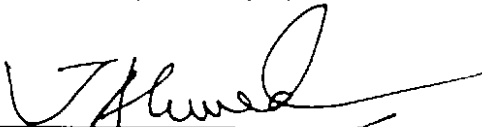
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JUNAID AHMED

3503 W. SAN LUIS STREET

TAMPA, FL 33629

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

(JUNAID AHMED)
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: NTNV, Medical Director LLC

Document number of Limited Liability Company is: L14000110107

Date of dissolution was: 1/30/2019

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

X

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

3503 W. SAN LUIS STREET

TAMPA, FL 33629

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.

JUNAD AHMED

Printed Name of the Person Filing

J. Ahmed

Signature of the Person Filing

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