

LI4-000118733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

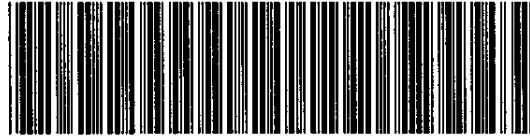
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/16--01012--021 **25.00

FILED
16 FEB 26 PM 4:36
TALLAHASSEE, FLORIDA

MAR 01 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2016

DR JAY E YOURIST
3901 SW 47TH AVENUE SUITE 404
DAVIE, FL 33314

SUBJECT: NUOVO HSV, LLC
Ref. Number: L14000118733

We have received your document for NUOVO HSV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00002661

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Nuovo HSV, LLC

DOCUMENT NUMBER: L14000118733

The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Jay E. Yourist

(Name of Contact Person)

Nuovo Biologics, LLC

(Firm/Company)

3901 S.W. 47th Avenue, Suite 404

(Address)

Davie, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

Jay E. Yourist

(Name of Contact Person)

at (954) 587-9849

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

Nuovo HSV, LLC

2. The Articles of Organization were filed on 7/28/2014 and assigned

document number L14000118733

3. The delayed effective date the dissolution if not effective on the date of filing: 2/9/2016
(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).

The Board of the holding Company, Nuovo Biologics, LLC, has decided not to form any subsidiary companies at

this time.

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

activities and affairs:

Jay E. Yourist, Ph.D.

Nuovo Biologics, LLC

3901 S.W. 47th Avenue, Suite 404

Davie, FL 33314-2815

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

Jay E. Yourist, Ph.D.

Printed Name

FILING FEE: \$25.00

16 FEB 26 PM 4:36
RECEIVED
FLORIDA
DEPARTMENT OF STATE

Notice of Limited Liability Company Dissolution

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: Nuovo HSV, LLC

Document number of Limited Liability Company is: L14000118733

Date of dissolution was: 02/02/2016

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

Any and all documents that would support a claim that the LLC has an unsatisfied obligation to the claimant, a description of the nature of the claim, the date incurred, the amount of the claim, the name, address, email address and phone number of all natural persons who claimant believes acted for the LLC in incurring the claim and the name, address, email address and phone number of all natural persons who acted on claimant's behalf when the claim was incurred, identify all correspondence including email, text or phone calls made by or on claimant's behalf addressed to the LLC pertaining in any way to the Claim including any demands previously made to LLC for payment of the claim.

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

Nuovo Biologics, LLC
3901 S.W. 47th Avenue
Suite 404
Davie, FL 33314

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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.

Jay E. Yourist

Printed Name of the Person Filing

Jay E. Yourist
Signature of the Person Filing

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