

U4000140102

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S. YOUNG

LAW OFFICES OF JAMES P. COVEY, P.A.

<u>VERO BEACH OFFICE</u> 1575 Indian River Blvd, Ste C120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<u>OKEECHOBEE OFFICE</u> 114 North Parrot Avenue Okeechobee, FL 34972 Telephone: 772.770.6160 Facsimile: 772.770.6074	<u>STUART OFFICE</u> 2207 South Kanner Highway Stuart, FL 34994-4619 Telephone: 772.286.5820 Facsimile: 772.286.1505
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James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn H. Eschmann
Florida Registered Paralegal/Firm Administrator
Melanie B. Lawrence
Paralegal

Dorothea F. DePace
Paralegal
Alex Ming
Legal Assistant

February 25, 2016

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

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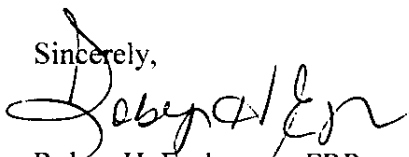
Re: Med App Partners, LLC

Enclosed, you will find the following:

1. Florida Department of State, Division of Corporations Cover Letter;
2. Articles of Dissolution for Med App Partners, LLC;
3. Action by Unanimous Consent in Writing by the Sole Authorized Member and Manager of Med App Partners, LLC. Regarding the Dissolution of the Florida Limited Liability Company;
4. James P. Covey, P.A. firm check in the amount of \$25.00 which represents the filing fee for the Certificate of Dissolution.

If you should have any questions or should need any further information to complete this request, please contact this office at 772.770.6160.

Sincerely,



Robyn H. Eschmann, FRP
Paralegal

/ml
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MED APP PARTNERS, 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:

James P. Covey, Esq.

(Name of Person)

James P. Covey, P.A.

(Firm/Company)

1575 Indian River Blvd., Suite C-120

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Covey, Esq. at (772) 770.6160

(Name of Person)

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

MED APP PARTNERS, LLC

2. The Articles of Organization were filed on 09/02/2014 and assigned

document number L14000140102

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.

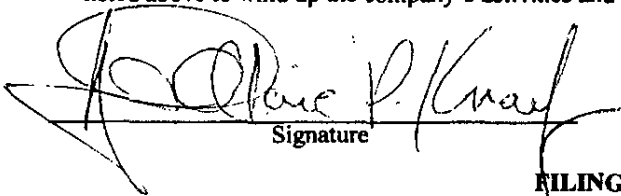
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Voluntary Dissolution

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

Anne Marie F. Knauf
40 NE Plantation Rd #302
Stuart, FL 34996

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

Anne Marie F. Knauf
Printed Name

FILING FEE: \$25.00

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**ACTION BY UNANIMOUS CONSENT IN WRITING BY THE
SOLE AUTHORIZED MEMBER AND MANAGER OF MED APP PARTNERS, LLC
REGARDING THE DISSOLUTION OF
THE FLORIDA LIMITED LIABILITY COMPANY**

MED APP PARTNERS, LLC
A Florida Limited Liability Company

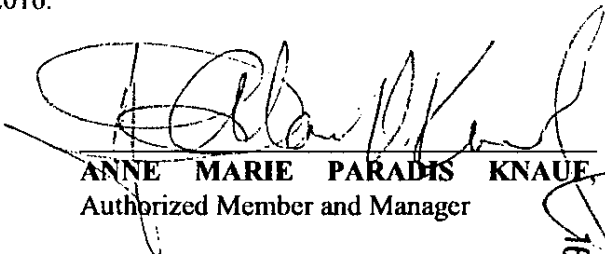
At the special meeting of **MED APP PARTNERS, LLC**, on January 1, 2016, the sole Authorized Member and Manager, **ANNE MARIE PARADIS KNAUF**, did hereby propose to dissolve **MED APP PARTNERS, LLC**.

The undersigned, constituting the sole Authorized Member and Manager of **MED APP PARTNERS, LLC**, a Florida Limited Liability Company, by Unanimous Consent in Writing pursuant to the authority contained in Section 620, Florida Statutes, does hereby severally and collectively consent to the following action of this company:

IT IS HEREBY RESOLVED, that **ANNE MARIE PARADIS KNAUF**, as the sole Authorized Member and Manager of **MED APP PARTNERS, LLC**, does hereby authorize the dissolution of **MED APP PARTNERS, LLC**.

This dissolution is effective as of January 1, 2016.

DATED this 01 day of January, 2016.


ANNE MARIE PARADIS KNAUF
Authorized Member and Manager

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