

L14000140580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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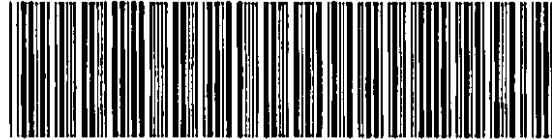
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FEB 19 2018

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

VERO BEACH OFFICE

1575 Indian River Blvd, Suite C-120
Vero Beach, FL 32960
Telephone: 772.770.6160
Facsimile: 772.770.6074

STUART OFFICE

2207 South Kanner Highway
Stuart, FL 34994
Telephone: 772.286.5820
Facsimile: 772.286.1505

James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn Haffield, Florida Registered Paralegal/Firm Manager
Melanie B. Lawrence, Paralegal
Gerard Scobie, Client Support Services
Kyndall Combs, Legal Assistant

Dorothea F. DePace, Paralegal
Nely Castro, Legal Assistant
Merrily Minardi, Accounting Services

February 13, 2018

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

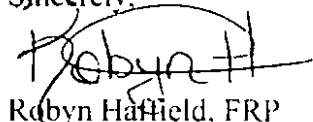
Re: PRO VIVA MEDICAL, LLC

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 Pro Viva Medical, 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 Haffield, FRP
Paralegal

/ml
enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVIVA MEDICAL, 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, Florida 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

James P. Covey, Esq.

(Name of Person)

at (

772

770:6160

(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
PROVIVA MEDICAL, LLC

2. The Articles of Organization were filed on 09/02/2014 and assigned
document number 1.14000140580

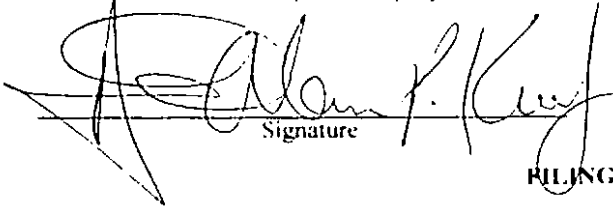
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

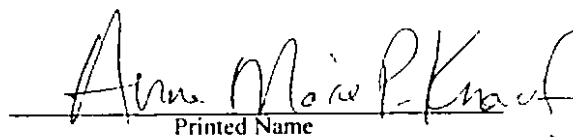
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

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: _____

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


Printed Name

FILING FEE: \$25.00

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