

214 000195928

(Requestor's Name)

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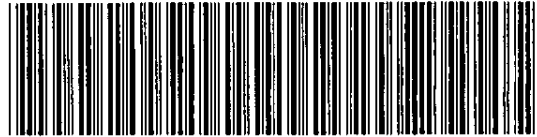
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 880264 9539A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : November 19, 2015

ORDER TIME : 5:31 PM

ORDER NO. : 880264-010

CUSTOMER NO: 9539A

DOMESTIC FILINGS

NAME: MICHELLE CARRILLO-MASSA, M.D.,
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is
MICHELLE CARRILLO-MASSA, M.D., LLC
2. The Articles of Organization were filed on December 29, 2014 and assigned
document number L14000195928
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

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

Michelle Carrillo-Massa, M.D., managing member
Printed Name

FILING FEE: \$25.00

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