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EFFECTIVE DATE

7/9

JUL 06 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDNETTE SPECIALTY GROUP 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:

Nicole Handwerker

(Name of Person)

Leeward Medical

(Firm/Company)

600 Grand Panama Blvd, Suite 102

(Address)

Panama City Beach, FL 32407

(City/State and Zip Code)

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For further information concerning this matter, please call:

Nicole Handwerker

(Name of Person)

at (850) 530-7070

(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

MEDNETTE SPECIALTY GROUP LLC

2. The Articles of Organization were filed on MAY 12, 2015 and assigned

document number 1-15000083931

3. The delayed effective date the dissolution if not effective on the date of filing: JULY 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).

Owners have left the country and ceased all activity.

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

Nicole Handwerker

Leeward Medical

600 Grand Panama Blvd., Suite 102

Panama City Beach, FL 32407

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

Nicole Handwerker

Printed Name

FILING FEE: \$25.00

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