

L15 000086264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

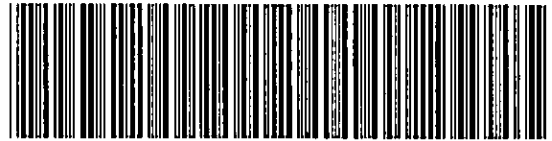
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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Joseph J. Rosen, P.A.

*Attorney-at-Law**

**Member of Florida Bar*

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April 4, 2019

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

RE: The Medical Institute of Anti-Aging, LLC
Dissolution

Dear Sir or Madam:

Please find enclosed the proposed articles of dissolution for the above entity. I have also enclosed the required fee of \$25.00 made payable to Department of State. Thank you for your assistance.

Sincerely,

Joseph Rosen

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Medical Institute of Anti-Aging, 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:

Marc Teruel

(Name of Person)

(Firm/Company)

6501 Congress Avenue, Ste. 100

(Address)

Boca Raton, Florida 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Rosen

(Name of Person)

at (561) 638-8593

(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

The Medical Institute of Anti-Aging, LLC

2. The Articles of Organization were filed on May 15, 2015 and assigned

document number L1500086264

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).

All of the members of the Company have consented to the Company's dissolution as per 605.0701(2), F.S.

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

Marc Teruel

Printed Name

FILING FEE: \$25.00

FILED

15 APR -8 PM 12:01