

L15000 128 989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

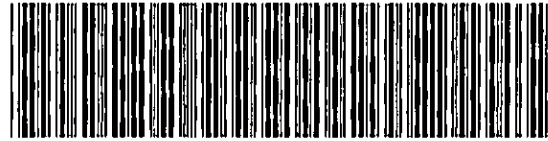
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/19--01010--028 **25.00

LED
STATE
SECRETARY OF
CORPORATIONS
12/09/19 PM 1:08

Dissolution

DEC 27 2019

D CUSHING

7.

TO: Registration Section
Division of Corporations

NU IMAGE MD LLC

SUBJECT: _____
(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:

DIETER DETTLAFF

(Name of Person)

(Firm/Company)

1209 N TAMPA ST

(Address)

TAMPA, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
OFFICE OF THE SECRETARY
OF THE ARMY
WASHINGTON, D. C.

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

1. The name of a limited liability company is

NU IMAGE MD LLC

2. The Articles of Organization were filed on 07/28/2015 and assigned

document number L15000128989

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2019
(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).

CLOSED BUSINESS

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

RECEIVED
SECRETARY OF STATE
JUL 30 2015 11:39 AM
TALLAHASSEE, FLORIDA