

L16000029299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

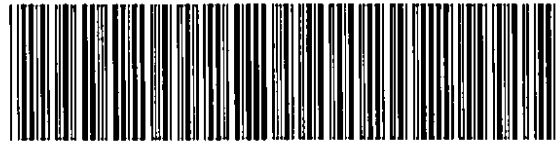
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 AUG 27 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL

015-29-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FYN LABS, 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:

MATTHEW FISCHER

(Name of Person)

FLORIDA HEALTHCARE LAW FIRM

(Firm/Company)

909 SE 5TH AVENUE, SUITE 200

(Address)

DELRAY BEACH, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW FISCHER

(Name of Person)

at (**561**) **455-7700**

(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

FYN LAB, LLC

2. The Articles of Organization were filed on 02/11/2016 and assigned

document number L16000029299

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

CONSENT OF ALL MEMBERS PURSUANT TO SECTION 605.0701(2), FLORIDA STATUTES

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

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

Eric Spofford
Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 27 AM 10:08

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Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: FYN LABS, LLC

Document number of Limited Liability Company is: L16000029299

Date of dissolution was: Date of Filing of Articles of Dissolution

Description of information that must be included in a written claim:

ALL CLAIMS AGAINST THE ASSETS MUST BE MADE IN WRITING

AND INCLUDE THE CLAIM AMOUNT, BASIS AND ORIGINATION DATE

SECRETARY OF STATE
TALLAHASSEE, FL

2018 AUG 27 AM 10:08

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

FYN LABS, LLC

C/O DIRECTOR OF COMPLIANCE

6 MANOR PARKWAY

SALEM, NH 03079

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Eric Spafford

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00