

U6000045824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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08/09/19--01020--022 **50.00

FILED
19 AUG -9 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREVIEW MD 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:

PAUL EPSTEIN
(Name of Person)

(Firm/Company)

372 STILL Forest Terrace
(Address)

SANFORD FL. 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Epstein at (714) 235-0456
(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/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

PREVIENT MD LLC.

2. The Articles of Organization were filed on July 6, 2016 and assigned

document number L16000045824.

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).

INACTIVITY OF 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:

Paul Epstein
372 Still Forest Terrace
SANFORD, FL 32771

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

Paul Epstein

Printed Name

FILING FEE: \$25.00

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19 AUG -9 PM 1:58
TALLAHASSEE, FLORIDA

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: PREVIEW MD, LLC

Document number of Limited Liability Company is: 216000045824

Date of dissolution was: AUG. 7, 2019

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

INACTIVITY OF BUSINESS.

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

372 STILL FOREST TERRACE
SANFORD, FL 32771

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.

Paul Epstein
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

19 AUG 19 PM 1:59
Sec. of State
DIVISION OF CORPORATIONS

FILED