

# L17000150490

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

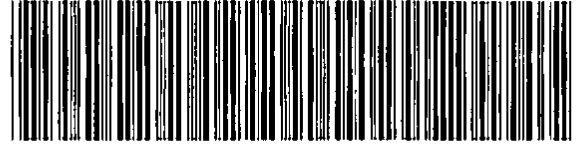
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800332835428

08/03/19--01020--021 \*\*50.00

Seal of the State of Florida  
FALL 2018  
FALL 2018

19 AUG - 9 PM 2:00

FILED

AUG 19 2019

T. SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PREVENT Health Media 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

(Name of Person)

at ( 714 ) 235.0456

(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

PREVENT HEALTH MEDIA, LLC

2. The Articles of Organization were filed on JULY 13, 2017 and assigned

document number L170000150490

3. The delayed effective date the dissolution if not effective on the date of filing: AUGUST 7, 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).

DISSOLUTION DUE TO INACTIVITY.

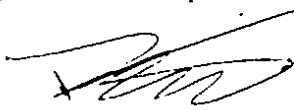
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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**

FILED

19 JUL -9 PM 12:39  
CLERK OF COURT  
STATE OF 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: PREVIENT HEALTH MEDIA, LLC

Document number of Limited Liability Company is: L17000150490

Date of dissolution was: AUGUST 7, 2019

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

PREVIENT HEALTH MEDIA, LLC IS BEING  
DISSOLVED DUE TO INACTIVITY.

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

PAUL EPSTEIN  
372 STILL FOREST TERRACE  
SDNFORD, FL 32771

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

19 AUG -9 PM 2:09

FILED

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 of the Person Filing

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