

L17000225595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12/30/18--01013--014 **25.00

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R. WHITE
JAN 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGENAMEDX, 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:

CHRISTOPHER DISCHINO, ESQ.

(Name of Person)

DISCHINO & SCHAMY, PLLC

(Firm/Company)

4770 BISCAYNE BLVD., SUITE 1280

(Address)

MIAMI, FLORIDA 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER DISCHINO

(Name of Person)

786

at ()

581-2542

(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

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

2019.1.30 14:12

1. The name of a limited liability company is
REGENAMEDX, LLC

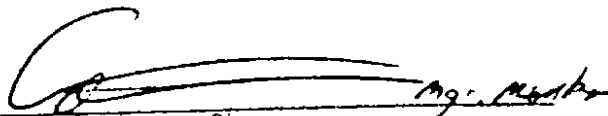
2. The Articles of Organization were filed on 10/31/2017 and assigned
document number L17000225595

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).
Unanimous written consent of the Members.

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

Carmine DellaSala Manager

Printed Name

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: REGENAMEDX, LLC

Document number of Limited Liability Company is: L17000225595

Date of dissolution was: 12/31/2019

Description of information that must be included in a written claim

1) Name and mailing address of the person making the claim;

2) Description of the claim and events giving rise to the claim;

3) Statement of the amount of the claim;

4) Any other relevant information regarding the claim.

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

Christopher A. DiSchino, Esq.

Attn: DiSchino & Schamy, PLLC

4770 Biscayne Blvd., Suite 1280

Miami, Florida 33137

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

Carmine DellaSala, Manager

Printed Name of the Person Filing



Signature of the Person Filing