

480000 45488

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

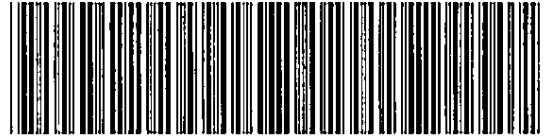
\_\_\_\_\_  
(Business Entity Name)

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

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

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O SIMMONS  
FEB 12 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FM Medical Clinic 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:

Scott Fechter  
(Name of Person)  
FM Medical Clinic LLC  
(Firm/Company)  
165 Southpark Blvd Ste C  
(Address)  
St. Augustine FL 32086  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Fechter at 904, 377-6199  
(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)

CHK 14721  
1/15/2020

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**

1. The name of a limited liability company is

FM Medical Clinic LLC

2. The Articles of Organization were filed on 02/20/2018 and assigned

document number L18000045488

3. The delayed effective date the dissolution if not effective on the date of filing: 10/16/19 90 days ago  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

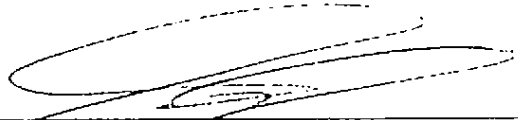
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

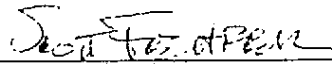
Company closed

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**