

L18000 155137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

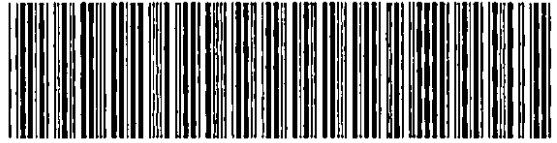
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100325774041

03/08/19--01006--017 \*\*25.00

FILED

2019 MAR -8 PM 5:12

FILED

C. GOLDEN

MAR 19 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Freedom MSO, 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:

Samantha L. Prokop

(Name of Person)

(Firm/Company)

3183 Russell Rd.

(Address)

Green Cove Springs, FL 32043

(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha L. Prokop

(Name of Person)

at ( 330 ) 419-0875

(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

FILED

2019 MAR -8 PM 5:12

DEPT. OF STATE  
TALLAHASSEE, FL

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

2. The Articles of Organization were filed on 06/25/2018 and assigned  
document number L18000155137

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2018  
(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).

The Members of the Company voted to unanimously dissolve the Company effective 12/31/2018.

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:

Samantha L. Prokop  
Signature

Samantha L. Prokop

Printed Name

FILING FEE: \$25.00

## 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: Freedom MSO, LLC

Document number of Limited Liability Company is: L18000155137

Date of dissolution was: 12/31/18

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

1. Date of event giving rise to the claim; 2. Description of claim;
3. Amount of claim; 4. Name and contact information of claimant; and
5. Copies of any written agreements or other documents supporting the claim.

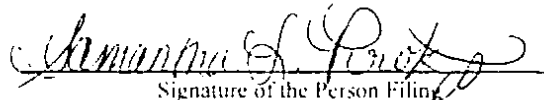
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Samantha L. Prokop  
3183 Russell Rd.  
Green Cove Springs, FL 32043

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.

Samantha L. Prokop

Printed Name of the Person Filing

  
Signature of the Person Filing