

L18000248574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

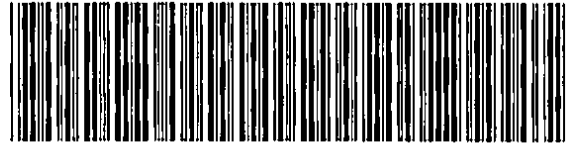
(Document Number)

Certified Copies \_\_\_\_\_

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02/13/19--01025--014 \*\*52.50

FILED  
2019 FEB 27 PM 1:19  
ALBRITTON

ALB D155

FEB 27 2019  
ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MM Health Group 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:

Dunia Milian  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8201 Todd Place  
(Address)

Plant City, FL 33565  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dunia Milian at ( 813 ) 203 0048  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2019

DUNIA MILIAN  
MM HEALTH GROUP LLC  
8201 TODD PLACE  
PLANT CITY, FL 33565

SUBJECT: MM HEALTH GROUP LLC  
Ref. Number: L18000248574

We have received your document for MM HEALTH GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 319A00003458

RECEIVED

2019 FEB 27 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2019 FEB 27 PM 1:19  
STATE OF FLORIDA

1. The name of a limited liability company is

MM Health Group LLC

2. The Articles of Organization were filed on 10/23/2018 and assigned

document number L18000248574

3. The delayed effective date the dissolution if not effective on the date of filing: 2/22/2019  
(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).

We did not move forward with the business idea we  
originally had.

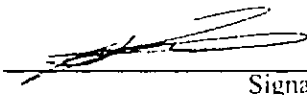
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Dunia Milian

8701 Todd Place

Plant City, FL 33565

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

Dunia Milian

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: MM Health Group LLC

Document number of Limited Liability Company is: LIB000248574

Date of dissolution was: 2/22/2019

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

Entity name, address, telephone number, claim number,  
amount of the claim and date of claim

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

8201 Todd Place, Apt City, FL 33565

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.

Denia Milian

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**