

L190000 90566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

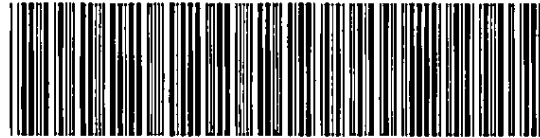
(Business Entity Name)

(Document Number)

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*Dissolution*

APR 23 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

MATERNAL-FETAL HEALTH LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Harvey J. Sugerman

\_\_\_\_\_  
(Name of Person)

Maternal-Fetal Health LLC

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

290 Southwinds Drive

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

Sanibel, FL 33957

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Harvey Sugerman

804

363-0311

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_

(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

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

1. The name of a limited liability company is  
MATERNAL-FETAL HEALTH LLC

2. The Articles of Organization were filed on April 5, 2019 and assigned  
document number L19000090566

3. The delayed effective date the dissolution if not effective on the date of filing: April 5, 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).  
Failure of FDA approval

Failure of FDA approval

Failure of FDA approval

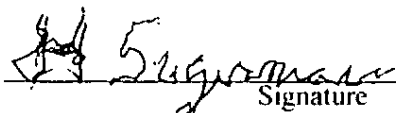
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Harvey Sugerman

290 Southwinds Dr.

Sanibel, FK 33957

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2019 APR 15 PM 3:17

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

Harvey Sugerman  
Printed Name

**FILING FEE: \$25.00**