

L19000 254 546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

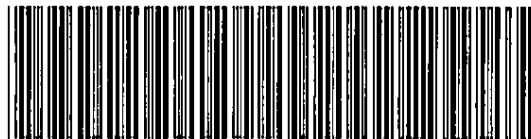
(Business Entity Name)

(Document Number)

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

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T SCHROEDER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANGEL MD LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAVINIU ANGHEL  
(Name of Person)

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

3150 INVERNESS  
(Address)

WESTON FL 33332-1816  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAVINIU ANGHEL at ( 347 ) 622-0401  
(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

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
ANGEL MD LLC
2. The Articles of Organization were filed on 10/24/2019 and assigned  
document number L19000254546
3. The delayed effective date the dissolution if not effective on the date of filing: 10/30/2019  
(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).

NO ACTIVITY

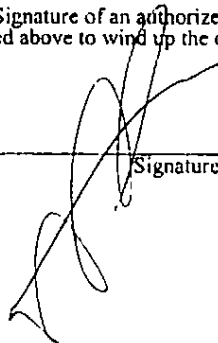
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

LAYIXIU ANGHEL

3150 INVERNESS

WESTON FL 33332

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

LAYIXIU ANGHEL

Printed Name

FILING FEE: \$25.00

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