

L200000 49465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

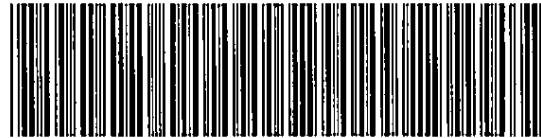
(Business Entity Name)

(Document Number)

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20 MAR 27 PM 3:43
CORPORATIONS

Dissolution

APR 09 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD FOR YOU MEDICAL 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:

Devorshi Patel
(Name of Person)

(Firm/Company)

13910 Penrose Ave,
(Address)

Frisco, TX - 75035
(City/State and Zip Code)

For further information concerning this matter, please call:

Devorshi Patel
(Name of Person)

at (732) 881-1390
(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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DIV OF CORPORATION

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

1. The name of a limited liability company is

MD FOR YOU MEDICAL GROUP LLC

2. The Articles of Organization were filed on 2/12/2020 and assigned

document number 120000049465

3. The delayed effective date the dissolution if not effective on the date of filing: 3/16/2020

(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 are dissolving this as not continuing

with business plan.

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

activities and affairs:

Devarshi Patel

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Devarshi Patel

Signature

Devarshi Patel

Printed Name

FILING FEE: \$25.00