

L200000 57628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

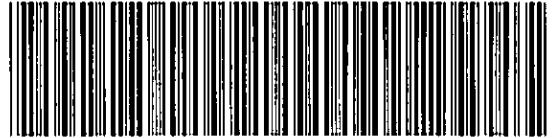
(Business Entity Name)

(Document Number)

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

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R. WHITE  
APR 15 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Actify Neurotherapies, PLLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Levine

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

43 Westerly Rd

\_\_\_\_\_  
Address

Princeton, NJ 08540

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

stevenplevine@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Levine

\_\_\_\_\_  
Name of Person

at ( 917 ) 838-2296

\_\_\_\_\_  
Area Code Daytime Telephone Number

**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

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

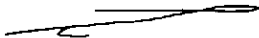
**FIRST:** The name of the limited liability company is: Actify Neurotherapies, PLLC

**SECOND:** The Florida Document number of the limited liability company is: L20000057628

**THIRD:** The date of filing of the initial articles of organization is: 2/25/2020

**FOURTH:** The date of filing of the dissolution is: 3/25/2020

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



\_\_\_\_\_  
Signature of Authorized Representative

Steven Levine

\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

2020 MAR 31 8:32