

L20000.178982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

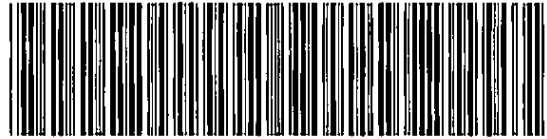
(Document Number)

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OCT - 4 2022

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2022 OCT -3 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 OCT -3 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 964392 8364259

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 20, 2022

ORDER TIME : 9:23 AM

ORDER NO. : 964392-015

CUSTOMER NO: 8364259

DOMESTIC FILINGS

NAME: VMD PRIMARY PROVIDERS NORTH  
FLORIDA, PLLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

• • • • •

**SUBJECT:** VMD Primary Providers North Florida, PLLC  
(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:

(Name of Person)
VillageMD
(Firm/Company)
125 S. Clark Street, Suite 900
(Address)
Chicago, IL 60603
(City/State and Zip Code)

For further information concerning this matter, please call:

Dianne Chiappetti at (312) 465-7900  
\_\_\_\_\_  
(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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
2022 OCT -3 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
VMD Primary Providers North Florida, PLLC

2. The Articles of Organization were filed on May 19, 2021 and assigned  
document number 420000178982

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(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).  
Entity was dormant and did not transaction business.

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Brent Asplin; 125 S. Clark St., Suite 900, Chicago, IL 60603

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

Brent Asplin

Printed Name

FILING FEE: \$25.00