

L26600180915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

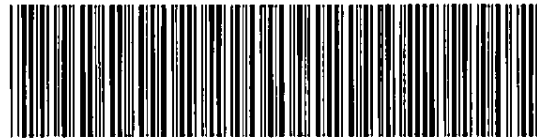
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100421822451

RECEIVED

JUN 23 PM 3:23

STATE
OFFICE, FL

R. HUNT

6/15/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 01/23/24
Order #: 1390618-1
Re: Village Medical at Home Central Florida, PLLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

AUTH:

Please take the following action:

File in your office on basis
Issue Proof of Filing

FILED
JAN 23 2024 PM 3:23
TALLAHASSEE, FL

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Village Medical at Home Central 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:

Vernell Lloyd

(Name of Person)

VillageMD

(Firm/Company)

1 Diamond Hill Road

(Address)

Berkeley Heights, NJ 07922

(City/State and Zip Code)

For further information concerning this matter, please call:

Vernell Lloyd

(Name of Person)

847

at ()

533-0389

(Area Code & Daytime Telephone Number)

REC-1103 PM 3:23
TALLAHASSEE, FL
STATE

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**

1. The name of a limited liability company is
VillageMedical at Home Central Florida, PLLC

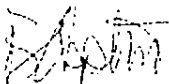
2. The Articles of Organization were filed on 6/29/2020 and assigned
document number L20000180915

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).
Financially unviable circumstances have caused us to exit the state.

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

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

2020 JUN 30 PM 3:23
DEPT. OF STATE
TALLAHASSEE, FL