

L21000451570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

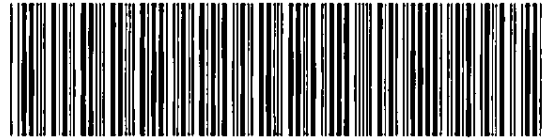
(Document Number)

Certified Copies _____

Certificates of Status _____

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08/22/23--01016--024 **25.00

FILED

2023 AUG 22 AM 9:21

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Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedPlus Boutique 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:

Gema Delgado

(Name of Person)

MedPlus Boutique LLC

(Firm/Company)

15121 sw 45th ter

(Address)

Miami, FL 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Gema Delgado

(Name of Person)

786

862 9809

at ()

(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

F I L E :

2023 AUG 22 AM 9:27

1. The name of a limited liability company is
MedPlus Boutique LLC

1211000451570

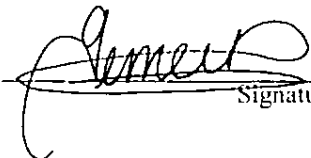
2. The Articles of Organization were filed on 10/18/2021 and assigned
document number 121000451570

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).
The business is not generating enough profits to cover for the expenses.

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

Gema Delgado
Printed Name

FILING FEE: \$25.00