

L220000163545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

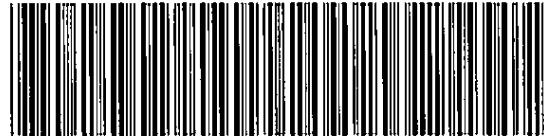
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500414580225

S. CHATHAM
AUG 28 2023

014 019

2023 AUG 25 AM 11:44

RECEIVED

2023 AUG 25 PM 1:51

RECEIVED
FALLAHASSEE FLORIDA
CORPORATION

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 08/25/2023

NAME: *MORA* MEDICAL (FL), PLLC

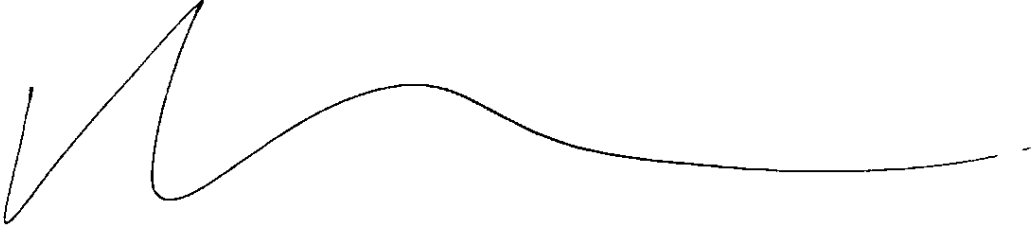
TYPE OF FILING: DISSOLUTION

COST: 55.00

RETURN: *Certified* COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

1. The name of a limited liability company is

Mora Medical (FL), PLLC

2. The Articles of Organization were filed on 06/07/2022 and assigned

document number L22000163545

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).

Ending 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:

Laurie Marbas, MD

26561 El Toboso Mission Viejo, CA 92691

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:

/s/ Laurie Marbas, MD

Signature

Laurie Marbas, MD

Printed Name

FILING FEE: \$25.00