## M03000001744

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phor	ne #)		
		<i>,</i>		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number	)		
		•		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
110711	2011	127		
M03-1-	144	[01]		
	<del></del>			

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 2, 2005

NICHOLAS FURIA 1650 SUCKLE HIGHWAY, STE. 3 PENNSAUKEN, NJ 08110

SUBJECT: MOLD PHYSICIANS LIMITED LIABILITY COMPANY

Ref. Number: M03000001744

We have received your document for MOLD PHYSICIANS LIMITED LIABILITY COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 305A00007586

05 FEB 21 All II: 50
SLUADASSEE FI ORION

## TRANSMITTAL LETTER

TO: Amenda	nent Section			
Division	of Corporations			
SUBJECT: MOL	.D PHYSICIANS, LLC			
DOCUMENT N	UMBER: M0300000174	14		
The enclosed Art	cicles of Dissolution and	fee are submitted for filin	g.	
Please return all c	correspondence concernia	ng this matter to the follow	ving:	
NICHOLAS FURIA	<u> </u>			
	(Name of	Person)		
CORDUA AND CO	MPANY, P.C.			
	(Name of	Firm/Company)		
1650 SUCKLE HIG	HWAY. SUITE 3			
		(Address)		
PENNSAUKEN, N.	1.09110			
PENNSAUREN, NO		State/and Zip Code)		
For further inform	nation concerning this ma	atter, please call:		
NICHOLAS FURIA		at ( 856 ) 48	6-2299	
	(Name of Person)		aytime Telephone Number	<del>de</del> j
Enclosed is a chec	ck for the following amou	unt:	EB 21	
□ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		ger of the same
Amendm	G ADDRESS: ent Section of Corporations 6327	Amo Divi	EET ADDRESS: endment Section sion of Corporations E. Gaines Street	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

MOLD PHYSICIANS, LLC

(Name of limited liability company)	
NJ	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	and surrenders its
This limited liability company revokes the authority of its registered agent to a behalf and appoints the Department of State as its agent for service of proces of action arising during the time it was authorized to transact business in Florida.	ccept service on its s based on a cause ia.
3832 CHURCH ROAD	
(Mailing address)	<u></u> -
MOUNT LAUREL, NJ 08054  (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the fi	iture of any change
	05 FEB
(Signature of intemper or authorized representative of a member)	821 /Ass
JOSEPH COLLINS JR.	
(Typed or printed name of signee)	EB 21 AM 11:50

Filing Fee: \$25.00