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EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: EMISAB MEDICAL, 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:	
Emilio A. Munoz	
(Name of Person)	
EMISAB MEDICAL, LLC	
(Firm/Company)	
1370 Mariposa Circle #106	2 9 141
(Address)	2010 NOV 29 SECRETARY ALL AHASSE
Naples, Florida- 34105	14.2 2.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3
(City/State and Zip Code)	
For further information concerning this matter, please call:	2 2 Z
변경 변경 	90
Emilio A. Munoz at (239) 595-0460 (Name of Person) (Area Code & Daytime Telephone Numb	
(Name of Person) (Area Code & Daytime Telephone Numb	oer)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status	ng Fee, Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

hulu	23 2010		
2. The Articles of Organization were filed on July L10000077521	and as	ssigned documer	nt numbe
3. The date the dissolution was approved: Nover	nber 5th, 2010		.
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back		n pursuant to sec	tion:
Written consent of all of the mem	•	TT [7]	NOV 2
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5. CHECK ONE:		>	es:>
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