

416000 194467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

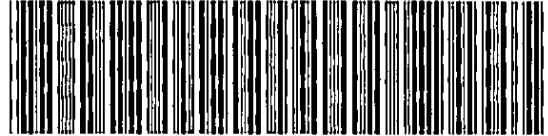
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/11/19--01021--016 ++25.00

R. WHITE
FEB 15 2019

FILED
2019 FEB 11 PM 4:43
SEAL STATE
TALLAHASSEE FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedTopia Medical Distributor 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:

VINCENT SCELTA
(Name of Person)

(Firm/Company)

406 NW 68 Ave #304
(Address)

PLANTATION FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT SCELTA at 954 394 1230
(Name of Person) (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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company is MedTopia Medical Distributors LLC

2. The Articles of Organization were filed on 10/21/2016 and assigned document number L16000194467

3. The delayed effective date the dissolution if not effective on the date of filing: 12/1/2018
reflective 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.

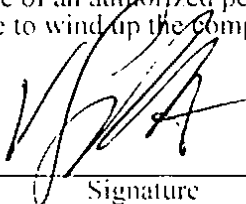
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

NO BUSINESS SALES

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

VINCENT SCIELTA

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

2/5/2019
Printed Name

FILING FEE: \$25.00