L40000216O9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

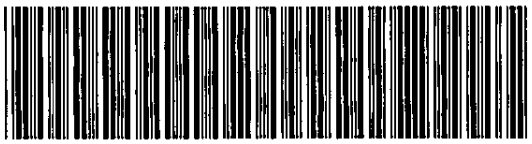
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1501 Presidential Way 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:

Rachel Bensimon
(Name of Person)

(Firm/Company)

7913 Tennyson Court
(Address)

Boca Raton, Florida 33433
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rachel Bensimon at (561) 213-3886
(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

1. The name of a limited liability company is
1501 Presidential Way Medical, LLC

2. The Articles of Organization were filed on 02/07/2014 and assigned

document number L14000021609

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)

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).
It was decided that the business did not need to be established.

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

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TALLAHASSEE FLORIDA

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:

C Bensn
Signature

Rachel Bensimon
Printed Name

FILING FEE: $25.00