

A99000001064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

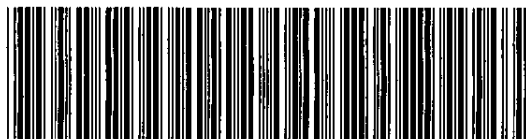
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/01/08--01018--005 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR - 6 PM 4:40

T. HAMPTON

MAR - 7 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medtech America Management, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

George F. Du Preez

(Contact Person)

(Firm/Company)

8944 Via Bella Notte

(Address)

Orlando, FL 32836

(City, State and Zip Code)

For further information concerning this matter, please call:

George F. Du Preez

(Name of Contact Person)

at (407) 748-6440

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee☐ \$61.25 Filing Fee and Certificate of Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 MAR -6 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 4, 2008

GEORGE F DU PREEZ
8944 VIA BELLA NOTTE
ORLANDO, FL 32836

SUBJECT: MEDTECH AMERICA MANAGEMENT, LTD.
Ref. Number: A99000001064

We have received your document for MEDTECH AMERICA MANAGEMENT, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00007233

**CERTIFICATE OF DISSOLUTION
FOR**

MEDTECH AMERICA MANAGEMENT, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 07/01/1999, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

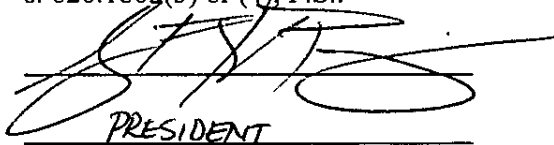
The limited partnership is dormant, has no assets, and has no debts. The limited partnership has concluded all its business affairs and wishes to file a statement of termination and dissolve the partnership upon the herewith written consent of Sole General Partner.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



PRESIDENT

MEDTECH CORP. OF AMERICA, INC

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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DIVISION OF CORPORATIONS
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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

MEDTECH AMERICA MANAGEMENT, LTD

Description of information that must be included in a claim:

NONE

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Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

8944 VIA BELLA NOTTE

ORLANDO, FL 32836

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

MEDTECH CORP. OF AMERICA, INC
GEORGE DU PREEZ - PRESIDENT

Printed Name

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

Name of Limited Partnership:

MEDTECH AMERICA MANAGEMENT, LIMITED

The date of filing of its initial certificate of Limited Partnership:

07/01/1999

The reason for filing the certificate of dissolution:

The limited partnership is dormant, has no assets, and has no debts.

The limited partnership has concluded all its business affairs and wishes to file a statement of termination and dissolve the partnership upon the herewith written consent of the sole General Partner.

By: Medtech Corporation of America, Inc., Its General Partner

By: George Frederik Du Preez, Its President

A handwritten signature in black ink, appearing to be 'G. Du Preez', with a long horizontal flourish extending to the right.

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DIVISION OF CORPORATIONS
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