L02000027857

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(Only-Sub-Light Hollow)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:
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11/03/03--01025--003 **25.00



Extreme-Medical, LLC

7900 Nova Drive Suite 208 Davie, Florida 33324 Tel.: (954) 670-0779 Fax: (954) 670-0786

October 30, 2003

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find the Articles of Dissolution for a Florida Limited Liability Company form completed for Extreme-Medical, LLC **Document #L02000027857** and a check in the amount of \$25.00 for the filing fee.

Please mail the letter of acknowledgment to the above address. Should you have any questions, I can be reached @(954) 670-0779.

Sincerely,

Theresa Vincuillo Vice President

Enc.

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is Extreme - Medical (L
Document # L02000027857
2. The effective date of the limited liability company's dissolution is 10-30-03
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
Change of Status to C- Corporation
The state of the s
4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or dischargedOR- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
6. CHECK ONE: There are no suits pending against the company in any courtOR-
Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Typed or Printed name
I have Vinoville
·

Filing Fee: \$25.00