

LO3000016039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

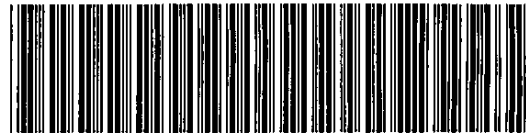
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400082827214

01/02/07--01059--022 **35.00

FILED
2007 FEB 20 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO3-16039
AL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LLC Closure @ Key West, FL.

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corliss A. Rupp

(Name of Contact Person)

Medallion Health Services LLC

(Firm/Company)

2055 C Scenic Highway #187

(Address)

Snellville, GA

(City/State and Zip Code)

30078

For further information concerning this matter, please call:

Corliss A. Rupp

(Name of Contact Person)

at (770) 982-2525

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

2007 FEB 20 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2007 FEB 20 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Medallion Health Services LLC

2. The Articles of Organization were filed on 5/3/2003 and assigned document number

L03000016039

3. The date the dissolution was approved: May 2006

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Due to water damage from hurricane Wilma,
the practice closed and moved out of state

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ 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

Printed Name

Corliss A. Rupp, md

Corliss A. Rupp