

L040000003657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

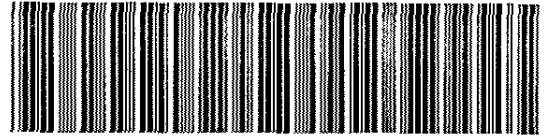
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FILED  
2005 JUL 13 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

StarMedex  
POBox940188  
Maitland,Florida 32794-0188  
407-206-0788

June 30,2005

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

Dear Sir or Madam:

Please send a letter of acknowledgment to Dr. Michael A. Nocero,Jr at 103  
Satsuma Drive;Altamonte Springs,Florida 32714(Phone No. 407-760-1703). Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "MANOCERO" with a stylized flourish at the end.

Michael A Nocero,Jr  
Owner  
StarMedex

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JUL 13 PM 12:02

FILED

PLEASE SEND  
ME A CERTIFIED  
COPY OF THE  
DISSOLUTION —



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 24, 2005

STARMEDEX, LLC  
P.O. BOX 940188  
MAITLAND, FL 32794-0188

SUBJECT: STARMEDEX, LLC  
Ref. Number: L04000003657

We have received your document for STARMEDEX, LLC and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please complete the attached form. Please also notice that the filing fees are different.

Please return 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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 805A00042995

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is

STARMEDEX, LLC

2. The date the dissolution was approved: 6-30-05

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

VOLUNTARY CLOSING OF THE  
COMPANY FOR INABILITY TO  
BE PROFITABLE BY WRITTEN  
CONSENT OF THE SOLE MEMBER  
MICHAEL A NOCERO, JR (OWNER)

4. **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.

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 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

Typed or Printed name

Michael A Nocero  
(100% MEMBERSHIP INTEREST)

MICHAEL A NOCERO  
JR