

L04000014678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

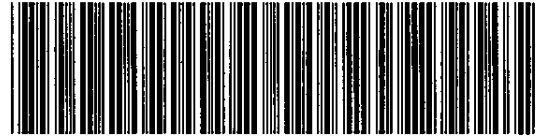
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 JAN -6 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EXCEL DIABETIC SERVICES 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:

MICHAEL KOCHEN

(Name of Person)

(Firm/Company)

1035 NE 125TH STREET - 2ND FLOOR

(Address)

MIAMI, FLORIDA 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KOCHEN

(Name of Person)

at (**305**) **891-9992**

(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**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
EXCEL DIABETIC SERVICES, LLC
2. The Articles of Organization were filed on 02/13/2004 and assigned
document number L04000014678
3. The delayed effective date the dissolution if not effective on the date of 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).
COMPANY WAS SOLD TO AN OUT OF STATE CORPORATION IN MAY 2012,
COMPANY HAS FINISHED WINDING DOWN ALL OPERATIONS.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
MICHAEL KOCHEN
1035 NE 125TH STREET - 2ND FLOOR
MIAMI, FL 33161

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:

Signature

Printed Name

MICHAEL KOCHEN

FILING FEE: \$25.00