

104 0000 17429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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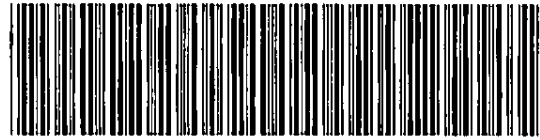
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Bryant Medical Systems, 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:

Regina E. Mebane

(Name of Person)

Bryant Medical Systems, LLC

(Firm/Company)

6637 Iosa Drive

(Address)

Jacksonville, FL 32277-2513

(City/State and Zip Code)

For further information concerning this matter, please call:

Regina E. Mebane

(Name of Person)

904 503-8039

at ()

(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**

1. The name of a limited liability company is
Bryant Medical Systems, LLC

2. The Articles of Organization were filed on March 4, 2004 and assigned
document number L04000017429

3. The delayed effective date the dissolution if not effective on the date of filing: August 6, 2019
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.

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).
Bryant Medical Systems, LLC does not have sufficient cash flow to sustain the business.

Bryant Medical Systems, LLC has acquired credit charges that cannot be readily repaid.

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: Regina E. Mebane

6637 Iosa Drive Jacksonville, FL 32277-2513

William G. Mebane

6637 Iosa Drive Jacksonville, FL 32277-2513

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:

Regina E. Mebane
Signature

Regina E. Mebane

Printed Name

FILING FEE: \$25.00