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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

604-57643

01 Thomas JUN 04 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlas Medical Supply, 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:

Donald Sandy

(Name of Person)

(Firm/Company)

6025 C Durham Drive

(Address)

Lake Worth FL 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Sandy

(Name of Person)

at (561) 758-6683

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
- Division of Corporations

April 21, 2008

DONALD SANDY
6025 C. DURHAM DRIVE
LAKE WORTH, FL 33467

SUBJECT: ATLAS MEDICAL SUPPLY, LLC
Ref. Number: L04000057643

We have received your document for ATLAS MEDICAL SUPPLY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 308A00023703

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Atlas Medical Supply, LLC

2. The Articles of Organization were filed on _____ and assigned document number
L04000057643

3. The date the dissolution was approved: 12/31/2007

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).

C) Written consent by only member of
LLC

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

Donald M Sandy

Printed Name

Donald M Sandy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Atlas Medical Supply, LLC
6025C Durham Drive
Lake Worth, FL 33467**

I Donald Sandy the single member of Atlas Medical Supply, LLC consent to dissolve
Atlas Medial Supply, LLC effective 12/31/07.

Donald M Sandy 4/16/08
Donald M Sandy Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA