104000062054

(Re	questor's Name)		
(Ad	dress)		
·	·		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
. (Bu	siness Entity Nar	me)	
(Do	cument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
		,	

Office Use Only

Cert \$35.00



200118893572

05/21/08--01013--031 **60.00

2008 MAY 21 AM II: 12 SECRETARY OF STATE

T. CLINE

MAY 2 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section		
	Division of Corporations		

SUBJECT: AMERICAN MEDICAL INNOVATIONS
(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:

KIRK G VOELKER MD	_	
(Name of Person)		
1537 STATE ST	17 s 20	
(Firm/Company)	TES SE	3225
	2008 MAY 21 SECRETARY	i i
	ASA 2	£
(Address)	L41	2757
SANASOTA, FL 34236 (City/State and Zip Code)	AM 11: 12 OF STATE E.FLORIDA	
(City/State and Zip Code)	- 经 :-	
	DE N	
nformation concerning this matter, please call:		
	101	
Kirk Voelker at (941) 330-1	676	
(Name of Person) (Area Code & Daytime Telephone Nu	ımber)	

Enclosed is a check for the following amount:

\$25.00 Filing Fee

For further

0.00 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

1012661 Executive Center Circle

TVLS Tallahassee PES2301

2008 MAY 19

BECE



ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

AMERICAN MEDICAL INN	OVATIONS	LLC		
2. The Articles of Organization were filed on	120104	and	assigned docum	ent number
3. The date the dissolution was approved:5	1.1 108	·		
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	nited liability comp cover letter).	oany's dissoluti	ion pursuant to s	ection
Negative Cash Flow		· · · · · · · · · · · · · · · · · · ·	•	······
5. CHECK ONE:			<u> </u>	200
All debts, obligations and liabilities of the OR-Adequate provision has been made for the	e debts, obligations	and liabilities	pursuant to \$360	18.4421
 All remaining property and assets have been distrights and interests. 	ibuted among its m	embers in acco	rdance with the	rrespective
7. CHECK ONE: There are no suits pending against the co	mpany in any court		i c	F 13
OR- Adequate provision has been made for the entered against it in any pending suit.	e satisfaction of an	y judgment, ord	der or decree wh	ich may be
gnatures of the members having the same percentage	of membership into	erests necessary	y to approve the	dissolution:
Signature		Printed Name		
		Kink Vo	elkeR.	
	-	····		
		•		
				
			, , , , , , , , , , , , , , , , , , , 	