Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone : (850)878-5368 Fax Number

LLC DISSOLUTION OR WITHDRAWAL HEALTHCARE WASTE SOLUTIONS OF FLORIDA, LI

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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SEP 1 5 2014

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations				
SHB 1E	Healthcare Waste Solutions of Florida, LL	C			
(Name of Limited Liability Company)					
The enclosed Articles of Dissolution and fee(s) are submitted for filling.					
Please return all correspondence concerning this matter to the following:					
	Todd Gray				
	(Nam	ne of Person)			
	Healthcare Waste Solutions of Florida, L	LC			
(Firm/Company)					
	28161 N. Keith Dr				
		Address)	**************************************		
	Lake Forest, IL 60045				
	(City/Sta	te and Zip Code)			
For further information concerning this matter, please call:					
	Todd Gray	847	607-2047		
	(Name of Person)	(Aren C	nde & Duytime Telephone Number)		
Encloses	d is a check for the following amount:				
		ng Foe, Certificate of Dissolution & Copy (additional copy is enclosed)			
	MAILING ADDRESS:		EET/COURIER ADDRESS:		
	Registration Section Division of Corporations		istration Section sion of Corporations		
	P.O. Box 6327		on Building		
	Tallahassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Healthcare Waste Solutions of Florida, LLC
2.	The Articles of Organization were filed on 9/3/2004 and assigned
	document number L04000065647
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing)
4,	A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). Approved by Board of Directors at meeting on 8/27/2014.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
6, lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:
_	Charles A. Alutto - President

FILING FEE: \$25.00

14 SEP 12 AM 7: 53
SECKETARY OF STATE
AND AHASSEE FLORIDA