

205000053257
FILED

2006 FEB 10 P 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

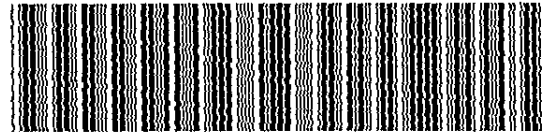
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AE 1

Office Use Only



700062343747

12/23/05--01021--003 **35.00



FILED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2006 FEB 10 P 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 10, 2006

MICHAEL JASCHKE
1018 S.E. 10 CT.
DEERFIELD BEACH, FL 33441

SUBJECT: NEWMEDIX LLC
Ref. Number: L05000053257

We have received your document for NEWMEDIX LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 406A00001752

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newmedix LLC
(Name of Limited Liability Company)

FILED
2006 FEB 10 P 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Jaschke
(Name of Person)

(Firm/Company)

1018 S.E. 10 CT
(Address)

Deerfield Beach, FL 33441
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Jaschke at (954) 608 7666
(Name of Person) (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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2005 FEB 10 P 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

NEWMEDIX LLC

2. The Articles of Organization were filed on

5/27/2005

and assigned document number

105 0000 53257

3. The date the dissolution was approved: _____

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).

Unanimous consent of members

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.

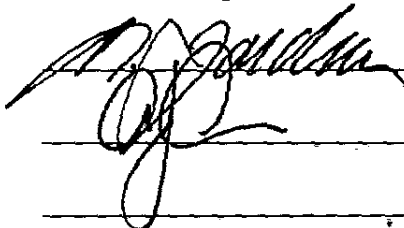
-OR-

☐ 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

Printed Name



Michael Jaschke
Alan Carmen