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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Saire Medical Solutions, Inc. (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:
Sairl Medical Latutions, LLC. (Firm/Company)
11775 SW 18 St 4 9. (Address) (Address) (City/State and Zip Code)
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For further information concerning this matter, please call:
(Name of Poson) at (305) 898-0934 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} Solo Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Section 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

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant 608.441, Florida Statutes, (copy 608.441 on back cover letter). **The company of the debts, obligations and liabilities of the limited liability company have been paid or company and assets have been distributed among its members in accordance with rights and interests. 6. All remaining property and assets have been distributed among its members in accordance with rights and interests. 7. CHECK ONE: There are no suits pending against the company in any court. OR	t to section
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