## 105000063490

(Re	equestor's Name)	···		
(Ac	ldress)			
(Ac	ldress)	-		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		4		
		11/8/		

Office Use Only

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SECRETARY OF STATE

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## **COVER LETTER**

	ution Section  of Corporations				
SUBJECT: Access Respiratory Supply LLC					
	(Name of Li	mited Liability Company)			
	ticles of Amendment and fee(s) are su				
Please return all	correspondence concerning this matte	r to the following:			
	David Wallace	Name of Person)			
		•			
	Access Diabetic Supp	Oly (Firm/Company)			
	2101 NW 33rd St. Sui		SECRETALLY OF STATE TALLAHASSEE FLORID		
		(Address)	· · · · · · · · · · · · · · · · · · ·		
Pompano Beach, FL 33069					
(City/State and Zip Code)					
For further infor	mation concerning this matter, please	call:			
Kare	n Kaczmarek	at ( 954 ) 975-0	036 x01674		
	(Name of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a chec	k for the following amount:				
<b>\$25.00</b> Filing F	Fee 330.00 Filing Fee & Certificate of Status	S55.00 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/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
Access Respiratory Supply LLC	
2. The Articles of Organization were filed on 6/28/05	and assigned document number
3. The date the dissolution was approved: 8/1/05	<del></del>
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
Determination that this legal entity was n	ot required by parent company.
	<u> </u>
	***************************************
5. CHECK ONE:	<u> </u>
	mited liability company have been paid or discharged.
OR- Adequate provision has been made for the d	lebts, obligations and liabilities pursuant to s. 608.4421.
<ol> <li>All remaining property and assets have been distributing rights and interests.</li> </ol>	tted among its members in accordance with the fespeone
7. CHECK ONE:	HE V
There are no suits pending against the comp	any in any court.
	atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Colle	David A. Wallace
-	* *
	* · <u> </u>