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COVER LETTER

	tion Section of Corporations		AMS.	
SUBJECT: Ma	tko Medical LLC	nited Liability Company)	SE SE	
	icles of Amendment and fee(s) are substorrespondence concerning this matter	mitted for filing.	MISSER 76 PM 4: 03	
	Lynn E Burnsed			
(Name of Person)				
-	Lynn E Burnsed, P.A.	irm/Company)		
	P.O. Box 239	(Address)		
Okahumpka, FL 34762 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Lynn	E Burnsed (Name of Person)	at (352) 315-9 (Area Code & Daytime		
Enclosed is a check	for the following amount:			
∑ \$25.00 Filing Fe	ce \$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

OF

MAKO MEDICAL LLC

- 1. The name of the limited liability company is Mako Medical LLC (the "Company").
- 2. The Articles of Organization were filed on July 21, 2005 and assigned document number L05000071910.
 - 3. Dissolution of the Company was authorized on September 16, 2005.
 - 4. All debts, obligations and liability of the Company have been paid or discharged.
 - 5. All remaining property and assets have been distributed to its sole member.
- 6. Dissolution of the Company shall be effective on the date these Articles are filed by the Secretary of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution this 16th day of September, 2005.

MAKO MEDICAL LLC

Steven Rothrock, M.D., Member

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ACTION BY WRITTEN CONSENT OF THE SOLE MEMBER OF MAKO MEDICAL LLC

THE UNDERSIGNED, hereby constituting the sole member of MAKO MEDICAL LLC, a limited liability company organized under the laws of the State of Florida (the "Company"), does hereby agree to, consent to, adopt, and order the following corporate action:

- 1. The undersigned hereby waives all formal requirements, including the necessity of holding a formal or an informal meeting, any requirement that notice thereof be given.
- 2. The dissolution of the Company is authorized and approved pursuant to Section 608.441, Florida Statutes.
- 3. The member is authorized and instructed to file Articles of Dissolution with the Florida Department of State and to pay the appropriate filing fee to effect such dissolution.
- 4. The member is authorized and instructed to take or cause to be taken any other actions they, acting alone or together, deem necessary or appropriate to effect to wind up and liquidate the Company's business affairs including, but not limited to: (a) collecting the Company's assets; (b) disposing of the Company's property that will not be distributed in kind to the shareholder; (c) delivery to each of the Company's known claimants, written notice of the dissolution pursuant to Section 604.4421, Florida Statutes; (d) discharge or make provision for discharge of the liabilities of the Company, including, but not limited to, all federal, state, property or other taxes that are due and unpaid or will be due and unpaid as of the date of dissolution; (e) distribute the Company's property to its member; and (f) doing every other act necessary to wind up and liquidate the business and affairs of the Company.
- 5. This written consent shall be effective upon execution by the sole member of the Company. The Company is hereby instructed to file this consent with the minutes of the proceedings of the Company.
- 6. The actions herein contained shall be effective as of the date the Articles of Dissolution are filed with the Secretary of State.

IN WITNESS WHEREOF, the member has executed this Company action for the purpose of giving his consent hereto on September 16, 2005.

STEVEN ROTHROCK, M.D.

Member

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