

L05000117206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

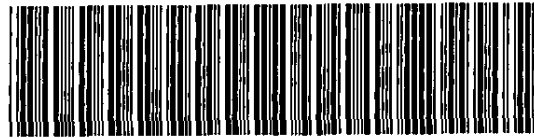
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
06 JUL - 6 PM 1:34

J. BRYAN MAY 16 2006

J. BRYAN JUL - 7 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2006

GUILLAUME VILLANEIX
KOREX MEDICAL, LLC
3942 VILLAS GREEN CIRCLE
LONGWOOD, FL 32779

SUBJECT: KOREX MEDICAL, LLC
Ref. Number: L05000117206

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We have received your document for KOREX MEDICAL, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 206A00034412

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Korex Medical, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Guillaume Viallaneix
(Name of Person)

Korex Medical, LLC
(Firm/Company)

3942 Villas Green Circle
(Address)

LONGWOOD FL 32779
(City/State and Zip Code)

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For further information concerning this matter, please call:

Guillaume Viallaneix at (321) 946-1303
(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

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1. The name of a limited liability company is

Korax Medical, LLC

2. The Articles of Organization were filed on 12/7/2005 and assigned document number

L05000117206

3. The date the dissolution was approved: 4-20-2006

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).

written consent of all 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:

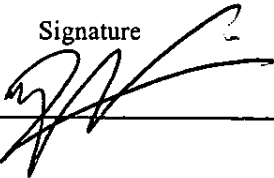
☒ There are no suits pending against the company in any court.

-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

X 

Printed Name

Guillaume Viallaneix