# L06000076836

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TANAY OF STATE
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G. HARVEY

MAY 10 2011

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CAnon Medical LLC		_	
(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:  By a CAVON (Name of Person)  Safety Froducts Inc. (Firm/Company)  PO BOX 2528 (Address)	SECRET	11 NAY	17
	33	=	{
Ponte Vedra, FL 32004		) PH	HU
(City/State and Zip Code)	93	PH Ç	
For further information concerning this matter, please call:	170	\frac{1}{2}	
Byvon Canon at (904) 540-9141 (Name of Person) (Area Code & Daytime Telephone Num	ber)	-	
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	Status &	osed)	

#### **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

1. The name of a limited liability company is	
	on Medical LLC
2. The Articles of Organization were filed on <u>Au</u> <u>L 060000 768 36</u>	and assigned document number
3. The date the dissolution was approved: Apri	1/ 2011
4 5 4	mited liability company's dissolution pursuant to section cover letter).
· no activity	
· Out of Business	
5. CHECK ONE:	
All debts, obligations and liabilities of the	ne limited liability company have been paid or discharged.
	ne debts, obligations and liabilities pursuant to s. 608 4421.
	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con	ompany in any court
-OR-	ne satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Bon H. Canen	Byron H. CAnon