L010000094460

| (Requ | uestor's Name) | |
|-----------------------------|------------------------|--|
| | | |
| (Addr | ress) | |
| (Addr | (PSS) | |
| . (/100) | 000) | |
| (City/s | State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| | | |
| (Busir | ness Entity Name) | |
| (Dagu | mont Number | |
| (Docu | ument Number) | |
| Certified Copies | Certificates of Status | |
| | | |
| Special Instructions to Fil | ling Officer: | |

L. SELLERS

FEB 2 9 2008

EXAMINER

Office Use Only



300118898283

02/27/08--01024--006 **25.00

SECRETARY OF STATE

FILED

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Med-Modes 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: | | | | |
| | | | | |
| Joann Rogers | | | | |
| (Name of Person) | | | | |
| | | | | |
| (Firm/Company) | | | | |
| P.O. BOX 6.0.1.60 | | | | |
| (Address) | | | | |
| Palm Bay FL 32906-0160 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| To Page 221 121 9502 | | | | |
| Joann Rogers (Name of Person) at (321), 626-9572 (Area Code & Daytime Telephone Number) | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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 FILED FOR A LIMITED LIABILITY COMPANY 2008 FEB 27 AM 11: 24

| 1. The name of a limited liability company is Med-Mates | SECRETARY OF STATE TALLAHASSEE. FLORIDA |
|--|--|
| 2. The Articles of Organization were filed on | 124/06 and assigned document number |
| 3. The date the dissolution was approved: | 8/08 |
| 4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back co | ted liability company's dissolution pursuant to section over letter). |
| dack of business | ofsporunery. |
| | |
| 5. CHECK ONE: | |
| -OR- | imited liability company have been paid or discharged. debts, obligations and liabilities pursuant to s. 608.4421. |
| All remaining property and assets have been distrib rights and interests. | uted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the component of the component of the second of the | satisfaction 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 |
| Joeun ERogers | Joann E Rogers |
| | |
| | |
| | |
| | |