

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
- Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

G. MCLEOD

APR - 2 2012

EXAMINER



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2012

LUIS GALANO LAVIN MD PO BOX 1930 LYNN HAVAN, FL 32444-6930

SUBJECT: MEDSTOP PL Ref. Number: L06000098660

We have received your document for MEDSTOP PL and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 912A00009516

# **COVER LETTER**

Division of Corporations
SUBJECT: MEdsTopPL 220 (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:
LUIS GALAND-LAVIN (Name of Person)
MEds DP LLL
PD Box 1930
24NN HAVEN, FL 32444-6930
(City/State and Zip Code)
For further information concerning this matter, please call:
(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 Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

1. The name of a limited liability company is  MEds 100 PL LLC
2. The Articles of Organization were filed on Da TOBOR 10, ZDV and assigned document number $LO6DDO98660$
3. The date the dissolution was approved: Decomber 31. 2011
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).
I have BOROMO DISABLOD AND DNABLE TO WORK
5. CHECK ONE:
All debts, obligations and liabilities of the limited liability company have been paid or discharged.
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.
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 Printed Name
/ LUIS GA/AND-LAVIN
Came Deline CARMON GALANI