

L070000002569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

A. LUNT

FEB - 2 2009

EXAMINER

Office Use Only



000142361450

01/30/09--01029--022 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 30 PM 3:19

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GATOR MEDICAL Supply Solutions 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:

PAUL MORELLI  
(Name of Person)

GATOR MEDICAL Supply Solutions, LLC  
(Firm/Company)

13496 Coluccio ST.  
(Address)

VENICE, FL 34293  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JAN 30 PM 3:19

FILED

For further information concerning this matter, please call:

PAUL MORELLI at ( 941 ) 735-2048  
(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

1. The name of a limited liability company is

GATOR MEDICAL Supply Solutions LLC

2. The Articles of Organization were filed on JAN. 8, 2007 and assigned document number

L 07 000002569

3. The date the dissolution was approved: MAY 31, 2008

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).

- DIFFICULTY IN COLLECTING ACCOUNTS RECEIVABLE
- ALL DEBTS, OBLIGATIONS, AND LIABILITIES HAVE ALL BEEN PAID OFF BEFORE DISSOLUTION.
- NO PROPERTY REMAINED AND NO ASSETS. THERE WERE NO LAW SUITS.

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

Printed Name

Paul T. Morelli

PAUL T. MORELLI

**FILING FEE: \$25.00**