## 20700019748

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	(Address)
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	(City/State/Zip/Phone #)
PICK-U	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
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**EXAMINER** 

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## **COVER LETTER**

SUBJECT: NXZMED 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:			
MARGARET FERRUGGIA (Name of Person)			
A.V. (a			
NXSWED			
(Firm/Company)			
2498 SE Elston Street (Address)			
(Address)			
Port St. Lucie, FL 34952 (City/State and Zip Code)			
(City/State and Zip Code)			
·			
For further information concerning this matter, please call:			
Marcaret Ferruggia at 772, 335-5416  (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)			

MAILING AUDKESS:

TO: Registration Section
Division of Corporations

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

FILED

2008 JAN -9 PM 3: 25

5000 OHIL 2 111 2. 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned document number
2007.
pany's dissolution pursuant to section
company have been paid or discharged.
s and liabilities pursuant to s. 608.4421.
nembers in accordance with their respective
t.
y judgment, order or decree which may be
erests necessary to approve the dissolution:
Printed Name  279040+ FONOGSH