

LO70000 39188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

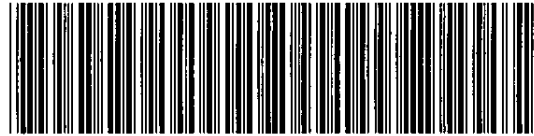
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LO7-39188



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08 APR 17 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas APR 18 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Starmed 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:

Gregory Collier

(Name of Person)

Starmed LLC

(Firm/Company)

10297 Osprey Trace

(Address)

West Palm Beach, FL 33412

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gregory Collier

(Name of Person)

at (561) 277-8471

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2008

GREGORY COLLIER
10297 OSPREY TRACE
WEST PALM BEACH, FL 33412

SUBJECT: STARMED LLC
Ref. Number: L07000039188

We have received your document for STARMED LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 908A00020593

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Starmed LLC

2. The Articles of Organization were filed on April 11, 2007 and assigned document number

LO7-39188

3. The date the dissolution was approved: April 12, 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).

Corporation has conducted no business to date; therefore the members have elected to dissolve.

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

Gregory Collier

Printed Name

Gregory Collier

FILING FEE: \$25.00