

107000 065270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

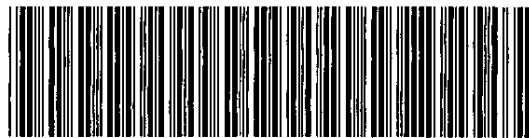
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/12/08--01033--002 **25.00

08 MAY 27 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE

MAY 27 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2008

DEREK KALOUST
777 S HARBOUR ISLAND BLVD., SUITE 130
TAMPA, FL 33602

SUBJECT: FLORIDA MEDI, LLC
Ref. Number: L07000065270

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA MEDI, LLC and your check(s) totaling \$25.00. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 908A00030762

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA MEDI, 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:

DEREK KALOUST
(Name of Person)

C/O MEDI WEIGHT LOSS FRANCHISING USA, LLC
(Firm/Company)

777 S. HARBOUR ISLAND BLVD.
(Address) SUITE 130

TAMPA, FL 33602
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEREK KALOUST at (813) 228-6334 x245
(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

FLORIDA MEDI, LLC

2. The Articles of Organization were filed on 6/21/2007 and assigned document number

L07000065270

3. The date the dissolution was approved: 4/1/08

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).

BUSINESS NEVER STARTED.

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 section 608.441.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

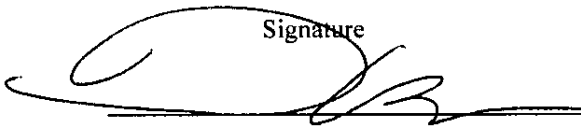
7. CHECK ONE:

- ☒ 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



Jack Kalous

