

207000097760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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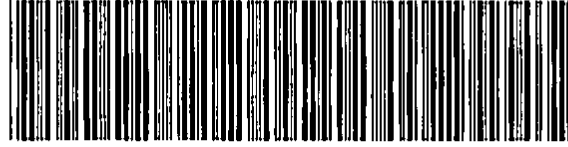
(Business Entity Name)

(Document Number)

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SEP 21 2021  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VEDELLSMD, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Miller  
Name of Person

Firm/Company

10900 King Bay Drive  
Address

Boca Raton FL 33498  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Miller at (561) 883-9268  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: VEDELLEMSD, LLC

**SECOND:** The Florida Document number of the limited liability company is: L07000097760

**THIRD:** The date of filing of the initial articles of organization is: September 24, 2007

**FOURTH:** The date of filing of the dissolution is: April 30, 2021

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

VEDELLEMSD, LLC has completed winding up its activities & affairs and has determined that it will file a statement of termination

  
\_\_\_\_\_  
Signature of Authorized Representative

Cheryl Miller  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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