

L07000106812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

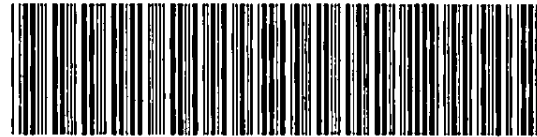
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/14/17--01003-

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 AUG 11 AM 11:49

25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2017 AUG 11 AM 8:58

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Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Device Experts, 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:

Frederick H Peter

(Name of Person)

Medical Device Experts, LLC

(Firm/Company)

830 W. Route 22, Suite 165

(Address)

Lake Zurich, IL 60047

(City/State and Zip Code)

For further information concerning this matter, please call:

Frederick Peter

(Name of Person)

at (847) 9970833

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

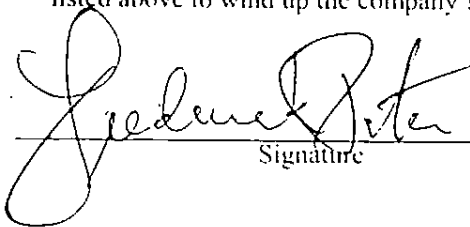
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Medical Device Experts, LLC
2. The Articles of Organization were filed on Oct 22, 2007 and assigned
document number L07000106812
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Continuation of company as a Wyoming LLC

5. If there are no members, enter the name and address of the person appointed to wind up the company
activities and affairs: _____

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:



Signature

Frederick Peter

Printed Name

FILING FEE: \$25.00

17 AUG 11 AM 11:49
FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA