

L07000124299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

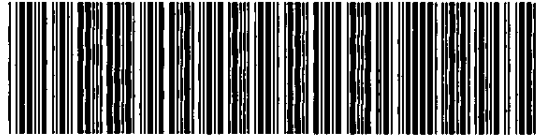
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 23 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accurate MEDICAL INSTALLATIONS, 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:

Joseph A. Camerieri

(Name of Person)

none

(Firm/Company)

p.o. box 16616

(Address)

Clearwater, Florida 33766

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph A. Camerieri

(Name of Person)

at (727) 741-3759

(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

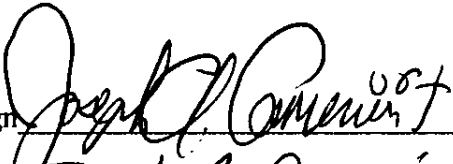
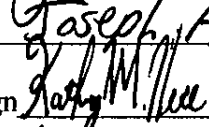
FROM THE DESK OF
JOSEPH A. CAMERIERI
MANAGER MEMBER
ACCURATE MEDICAL INSTALLATION, LLC

October 19, 2009

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

To Whom It May Concern:

We the undersigned the members of Accurate Medical Installations, LLC all in agreement write this consent to *dissolve* the Accurate Medical Installations, LLC as of October 19, 2009.

Member Sign 
Print name Joseph A. Camerieri
Member Sign 
Print name KATHRYN M. NECE

October 19, 2009

Correspondence:
Joseph A, Camerieri, member
Accurate Medical Installations, LLC
P.O. Box 16616
Clearwater, FL 33766

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

1. The name of a limited liability company is

Accurate Medical Installations, LLC

2. The Articles of Organization were filed on 12/14/2007

and assigned document number

L07000124299

3. The date the dissolution was approved: 10/19/2009

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).

Written consent by all members to dissolve, and no remaining members.

608.441(c) Unless otherwise provided in the articles of organization or operating agreement, upon the written consent of all of the members of the limited liability company

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.

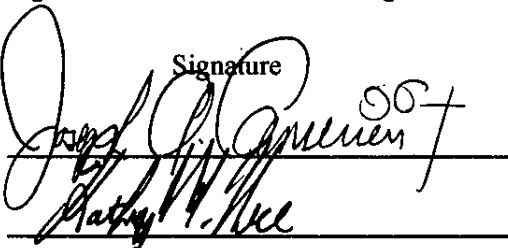

7. CHECK ONE:

☒ 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



Printed Name

Joseph A. Camerieri

Kathryn M. Nece