

L080000012198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

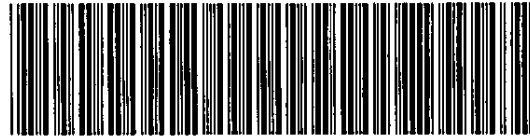
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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09/10/14--01005--011 **25.00

FILED
14 SEP 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MED-SKILLS LEARNING CENTER 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:

LINDA LOMONACO
(Name of Person)

(Firm/Company)

6211 YOSEMITE DRIVE
(Address)

PORT ORANGE FL 32127
(City State and Zip Code)

For further information concerning this matter, please call:

SALVATORE LOMONACO at (386) 254-8288
(Name of Person) (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

FILED
14 SEP 10 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

MED-SKILLS LEARNING CENTER LLC

2. The Articles of Organization were filed on 2/4/2008 and assigned

document number LO8000012198

3. The delayed effective date the dissolution if not effective on the date of filing: USE DATE OF FILING
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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).

CLOSE BUSINESS IN DECEMBER 2012
DOES TO

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

SALVATORE LOMONICO

6211 YOSEMITE DRIVE

PORT ORANGE FL 32127

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:



SALVATORE LOMONICO

F.

Signature

Printed Name

FILING FEE: \$25.00