

LO8000039110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

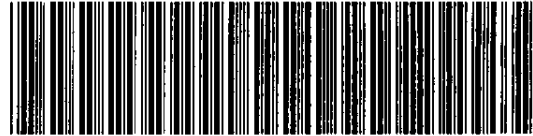
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/10--01023--021 **25.00

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TALLAHASSEE, FLORIDA

D. BRUCE

DEC 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2010

JUAN CARLOS CASTANON
1414 NW 107 AVE SUITE 207
MIAMI, FL 33172

SUBJECT: ATRICO HEALTHCARE PRODUCTS, LLC
Ref. Number: L08000039110

We have received your document for ATRICO HEALTHCARE PRODUCTS, 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):

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: 510A00028899

CLERK OF STATE
TALLAHASSEE, FLORIDA

10 DEC 21 PM 6:05

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATRICO HEALTHCARE PRODUCTS, 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:

JUAN CARLOS CASTANON

(Name of Person)

ATRICO HEALTHCARE PRODUCTS, LLC

(Firm/Company)

1414 NW 107 AVE SUITE 207

(Address)

MIAMI, FL. 33172

(City/State and Zip Code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JUAN CARLOS CASTANON

(Name of Person)

at ()

(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

ATRICO HEALTHCARE PRODUCTS, LLC

2. The Articles of Organization were filed on 04/18/2008

and assigned document number L08000039110

3. The date the dissolution was approved: 10/01/2010

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).

We do not have work and Decided
to return to our Country.

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 [Signature]
[Signature]

Printed Name

JUAN CARLOS CASTANON

EDUARDO SENIOR

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