

LOG0000073432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

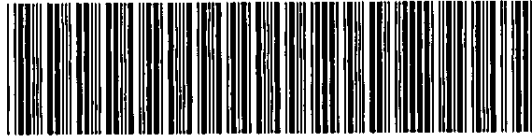
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000259959780

FILED
14 MAY - 8 PM 3:07
TALLAHASSEE, FLORIDA

MAY 29 2014

T. BROWN



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 117021 7623588

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

ORDER DATE : May 2, 2014

ORDER TIME : 3:50 PM

ORDER NO. : 117021-010

CUSTOMER NO: 7623588

DOMESTIC FILINGS

NAME: MEDIISYS IMAGING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 52925

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
14 MAY -8 PM 3:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MEDISYS IMAGING, LLC
2. The Articles of Organization were filed on 07-30-2008 and assigned
document number L08000073432
3. The delayed effective date the dissolution is 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)
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).
Due to illness of the ownership.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Larry Ware
13764 SACHS AVE ORLANDO, FL 32827

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:

Larry Ware 5/5/14
Signature

Larry Ware

Printed Name

FILING FEE: \$25.00