

L0800009/628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

MAR 17 2009

EXAMINER

Office Use Only



700145878217

03/16/09--01041--014 **30.00

FILED

2009 MAR 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RX Beds, 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:

J. Adam Steiger

(Name of Person)

RX Beds, LLC

(Firm/Company)

4497 Deep River Way East

(Address)

Jacksonville, FL 32224

(City/State and Zip Code)

FILED
2009 MAR 16 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Adam Steiger

(Name of Person)

at (904) 234-4608

(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
RX Beds, LLC

2. The Articles of Organization were filed on September 25, 2008 and assigned document number
L08000091628

3. The date the dissolution was approved: March 11, 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).
Company was never funded, No employees were hired. No sales were made.
No inventory was ever purchased.

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

J. Adam Steiger
Anthony Battaglia

J. Adam Steiger

Anthony Battaglia