LOF BOOODSOSS

| (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: | |
| | |
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| | |
| | _] |

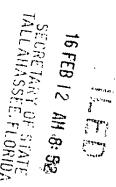
Office Use Only



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COVER.LETTER

TO: Registration Section Division of Corporations

Cold Pay Medical 1/C
(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:

Richard AUSPITZ
(Name of Person)

BUSINESS LOGISTIES INTL FAC

20533 BISCATHE BIVD STEYDS

Aventura FL 33184

For further information concerning this matter, please call:

Boris Virtsberser at (912) 2048439

(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

| 1. | The name of a limited liability company is Cold Pax Medical 4LC |
|-----------|--|
| 2. | The Articles of Organization were filed on 10/7/2008 and assigned |
| | document number |
| 3. | The delayed effective date the dissolution if 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 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). |
| | 7 5 7 6 6 C C C C C C C C C C C C C C C C C |
| | |
| | SS N Town |
| 5. | If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: |
| | BUSINESS LOGISTICS INTO FAC |
| | 20533 BISCRYNE BLUD STE 408 |
| | AVENTURA FL 33184 |
| 6. lis | Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs: |
|), | Bon Verden Bons Varhberser Signature Printed Name |
| , | organization in the real real real real real real real rea |

FILING FEE: \$25.00