

LOF000114497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 MAY 11 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER:**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Euromed Group 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:

Scott J. Rosen

(Name of Person)

US & UK Medical Abroad, LLC

(Firm/Company)

2999 NE 191st Street, Suite 608

(Address)

Aventura, Florida 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott J. Rosen

(Name of Person)

646

at ( )

644-9747

(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  
Euromed Group, LLC
2. The Articles of Organization were filed on 12/16/2008 and assigned  
document number L08000114493
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)
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).  
Company is no longer active.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Scott J. Rosen  
2999 NE 191st Street, Suite 608  
Aventura, Florida 33180  
\_\_\_\_\_
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:



Signature

Scott J. Rosen

Printed Name

**FILING FEE: \$25.00**

15 MAY 1 11 AM 7:01  
CLERK OF THE  
CITY OF MIAMI  
COUNTY OF MIAMI