## LOF000 114497

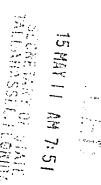
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

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05/11/15--01004--010 \*\*25.00



### COVER LETTER:

	ration Section on of Corporations							
SUBJECT:	uromed Group LLC							
(Name of Limited Liability Company)								
	rticles of Dissolution and fee(s) are submitted correspondence concerning this matter to the	-						
	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 info	mation concerning this matter, please call:							
Scott J. Rosen		646 644-9747						
(Name of Person)		(Area Code & Daytime Telephone Number)						
Enclosed is a che	ck for the following amount:							
<b>✓</b> \$25.00 Filing Fee and Certificate of Dissolution		<ul> <li>\$55.00 Filing Fee, Certificate of Dissolution &amp; Certified Copy (additional copy is enclosed)</li> </ul>						

#### 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 Organizatio	n were filed on 12/16/	/2008	and assigned				
	document number L08000	)114493						
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 605.0707, Florida Statutes, (	that resulted in the lim (copy 605.0707 on back	ited liability company's o	dissolution pursuant to sectio	n			
	Company is no longer a	active.						
5.	If there are no members, en	ter the name and addres	s of the person appointed	to wind up the company's				
	activities and affairs: Scott J. Rosen							
				2:52 <u></u>				
		2999 NE 191st St	reet, Suite 608	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
		Aventura, Florida	33180		, , , ,			
		<u> </u>			** 1.			
					]** 9 {;			
6. lis	Signature of an authorized patted above to wind up the cor	person or if there are no npany's activities and a	members, the signature of fairs:	of the person appointed and				
				.3>				
			Scott J. Rosen					
	Signature		Printe	ed Name				

FILING FEE: \$25.00