

LO9000019819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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07/31/15--01004--013 **25.00

AUG 03 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Medical Technologies, 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:

Roberta Cove

(Name of Person)

Sunshine Medical Technologies, LLC

(Firm/Company)

529 East Central Avenue

(Address)

Winter Haven, FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberta Cove

(Name of Person)

at (863) 299-1155

(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
Sunshine Medical Technologies, LLC
-
2. The Articles of Organization were filed on February 27, 2009 and assigned
document number L09000019819
-
3. The delayed effective date the dissolution if not effective on the date of filing: July 31, 2015
(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).
All equipment sold.
-
-
-
-
-
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Roberta Cove
529 East Central Avenue
Winter Haven, FL 33880
-
-
-
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:

Roberta Cox
Signature

Roberta Cove

Printed Name

FILING FEE: \$25.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

SUNSHINE MEDICAL TECHNOLOGIES, LLC

Filing Information

Document Number	L09000019819
FEI/EIN Number	264358324
Date Filed	02/27/2009
Effective Date	02/27/2009
State	FL
Status	ACTIVE

Principal Address529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Changed: 03/11/2011

Mailing Address529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Changed: 03/11/2011

Registered Agent Name & AddressCOVE, ROBERTA
529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Name Changed: 06/04/2010

Address Changed: 03/11/2011

Authorized Person(s) Detail**Name & Address**

Title MGRM

COVE, ROBERTA
529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Title MGRM

RIPPE, DAVID J
529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Title MGRM