

LOS 0000 26593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

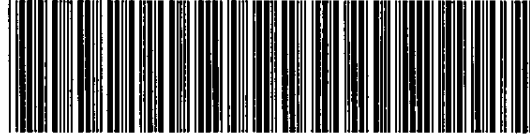
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

In Med Ex, 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:

JARED SALINGSKY + DAN BURNESS <sup>(use) →</sup>

(Name of Person)

Inmedex, LLC

(Firm/Company)

11630 Pyramid Drive -

(Address)

Odessa, FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Burness

(Name of Person)

at

(248) 703-3927

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

X

\$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

Inmedex, LLC

2. The Articles of Organization were filed on 3/18/2009 and assigned

document number L 090000 26593

3. The delayed effective date the dissolution if not effective on the date of filing: 1  
(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).

Failure to generate revenue.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

JARED SALINSKY, DO 10436 PONTOFINO CR  
TRINITY, FL 34655

(W) DAN BURRUS 10543 PONTOFINO CR  
TRINITY, FL 34655

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]  
Signature

SALINSKY  
Printed Name

Burrus

**FILING FEE: \$25.00**

FILED  
JAN 2 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA