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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 FILED 20 OCT 13 AM IO: 26 LEGRETARY OF STATE LEGRETARY OF STATE

LLC DISSOLUTION OR WITHDRAWAL TRAVEL MEDICINE AND INFECTIONS, LLC

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Estimated Charge	\$25.00

The Dissolution was submitted on 9/29/2020 online. At the request of the customer and confirmed we could just send the Termination filing to show online. Thank you!

Electronic Filing Menu

Corporate Filing Menu

Help

Y SULKER OCT 14 2020

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Stat Termination:	tutes. I hereby submit th	e following Statement of	
FIRST: The name of the limited liability cor	mpany is: Travel Medicine	and Infections, LLC	
SECOND:			
The date of filing of the initial article	es of organization is:	04-28-2009	
THIRD: The date of filing of the dissolution	1 is:		
FOURTH: This limited liability company has determined that it will file a statement of			**************************************
		2020 OCT 13 AM I SECRUTARY OF S TALLAHASSIELFI	FILED
Signature of Authorized Representative	Natalic H. Cline Typed or printed na	AH 5: 26 E. F. ORA E. ame of signature	

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (12/13)