# 09 UUU 045687

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sanomedics LLC
(Name of Limited Liability Company)
(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:
Please return all correspondence concerning this matter to the following:
Craig Sizer
(Name of Person)
Sanomedics LLC
(Firm/Company)
80 SW 8th Street Suite#2180
(Address)
Miami, FL 33130
(City/State and Zip Code)
For further information concerning this matter, please call:
Craig Sizer 305 _ 397-9402
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \]  S55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  Certificate of Status \$\text{Certified Copy} \\ \text{(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 Sanomedics LLC	
2. The Articles of Organization were filed on Octob L09000045687	er 12, 2012 and assigned document of the control of
3. The date the dissolution was approved: October	8, 2012
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	
The demparty has ran to dearest and item	
-OR-Adequate provision has been made for the decompany of the decompany o	atisfaction of any judgment, order or decree which may be
Signature	Printed Name
(hay/-Azi	Craig Sizer