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## **COVER LETTER**

(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:  Christopher Hanger  (Name of Person)  (Name of Person)  (Firm/Company)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  p \$25.00 Filing Fee  Certificate of Status  (Certificed Copy  (Certificate Copy	·	
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#### **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

Aganak Medical Systems, LLC	
1. The name of a limited liability company is	
9/20/20	112
2. The Articles of Organization were filed on	
9/20/2012	
3. The date the dissolution was approved:	9/21/12
**	Nitial as company's dissolution pursuant to section
No hasiness opportunities unification back cov	er letter).
	· · · · · · · · · · · · · · · · · · ·
The hand the house of the house	
5. CCC CK ONE:	
☐☐☐ All debts, obligations and liabilities of the lin	nited liability company have been paid or discharged.
OR- Adequate provision has been made for the de	bts, obligations and liabilities pursuant to s. 608.4421.
• •	ed among its members in accordance with their respective
rights and interests.	ed among its memoers in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court
-OR-	
Adequate provision has been made for the sate entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
one of the second of the secon	
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Sidellarura	Printed Name
	COMSTANT HAUTER TO
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	ETARY OF S HASSEE FL
	<b>.</b>
	Dri <b>4</b>