

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SMITH HULSEY & BOSEY
Account Number : 075030000653
Phone : (904) 359-7700
Fax Number : (904) 359-7708

**LLC DISSOLUTION OR WITHDRAWAL
CAWTHON'S MEDICAL SUPPLY, LLC**

Certificate of Status	0
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**ARTICLES OF DISSOLUTION
OF
CAWTHON'S MEDICAL SUPPLY, LLC**

ARTICLE I

The name of this limited liability company is Cawthon's Medical Supply, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on July 24, 2009, and assigned Document Number L09000071322.

ARTICLE III

The dissolution of the Company was authorized by the sole member of the Company and shall be effective as of the date of filing of the Articles of Dissolution.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to its sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

Dated this 30th day of December, 2016.

CAWTHON'S MEDICAL SUPPLY, LLC

By: 
David Cobb, Manager

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TALLAHASSEE, FLORIDA

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Cawthon's Medical Supply, LLC

Document number of Limited Liability Company is: L09000071322

Date of dissolution was: December 30, 2016

Description of information that must be included in a written claim:

The identity and contact information of the person or entity asserting the claim, a description of the basis for the claim, the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

16 Wild Iris Lane
Fairview, NC 28730

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

David Cobb, Manager

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

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