## 10900078053

| (Re                                     | equestor's Name) |             |
|---|------------------|-------------|
| (Address)                               |                  |             |
| (Ad                                     | ldress)          |             |
| (City/State/Zip/Phone #)                |                  |             |
| PICK-UP                                 | ☐ WAIT           | MAIL        |
| (Business Entity Name)                  |                  |             |
| (Document Number)                       |                  |             |
| Certified Copies                        | _ Certificates   | s of Status |
| Special Instructions to Filing Officer: |                  |             |
|   |                  |             |
|   |                  |             |
|   |                  |             |

Office Use Only

G. MCLEOD

MAR 12 2010

**EXAMINER** 



800170851608

03/11/10--01005--007 \*\*25.00

10 HAR | | PH 2- 48

SECRETARY OF STATE

## **COVER LETTER**

| Division of Corporations   |   |  |  |
|--|---|--|--|
| SUBJECT: Southwest Florida Med   | ical Telmologies, ici                       |  |  |
| (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:                                |   |  |  |
|  |   |  |  |
| Chitstine Steinberg<br>(Name of Person)  |   |  |  |
|  |   |  |  |
| (Firm/Company)   |   |  |  |
| • • •  |   |  |  |
| 350   Bayou Sound<br>(Address)<br>Longboard Key Fl 34728<br>(City/State and Zip Code)                    |   |  |  |
| (Address)  |   |  |  |
| Longboat Key FC 34728  |   |  |  |
| (City/State and Zip Code)  |   |  |  |
| For further information concerning this matter, please call:   |   |  |  |
| (Name of Person) at ( le (Are  | a Code & Daytime Telephone Number)          |  |  |
| Enclosed is a check for the following amount:  |   |  |  |
| \$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing I Certificate of Status Certified Cop (additional co |   |  |  |
|  | TREET/COURIER ADDRESS:                      |  |  |
| <del>-</del> •   | egistration Section Evision of Corporations |  |  |
| •  | ifton Building                              |  |  |

Tallahassee, FL 32314 

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

|   | MAD. TOTALOGIA                                       |
|---|--|
| 1. The name of a limited liability company is   | MAR , PHO AAT  |
| Southwest Florida Mi  | dical Illus Opie                                     |
| 2. The Articles of Organization were filed on 8/13/   | 2009 and assigned document number                    |
| L09000078053  |  |
| 2/0   | /  |
| 3. The date the dissolution was approved: $\frac{3/9}{}$  | 10   |
| 4. A description of occurrence that resulted in the limited liabili 608.441, Florida Statutes, (copy 608.441 on back cover letter | ity company's dissolution pursuant to section r).    |
| NO longer selling medical f   | roducts. No sales                                    |
| 2009-2010. Managine sire  | etor christine steinberg                             |
| leaving company, no rem   | airing members.                                      |
| 7   | 0  |
| 5. CHECK ONE:   |  |
| All debts, obligations and liabilities of the limited lia   | ability company have been paid or discharged         |
| OR-<br>Adequate provision has been made for the debts, obl  |  |
| 6. All remaining property and assets have been distributed amor   | ·  |
| rights and interests.   | ing its members in accordance with their respective  |
| 7. CHECK ONE:   |  |
| There are no suits pending against the company in a   | ny court.  |
| OR- Adequate provision has been made for the satisfaction   | on of any judgment, order or decree which may be     |
| entered against it in any pending suit.   |  |
|   |  |
| Signatures of the members having the same percentage of members   | ship interests necessary to approve the dissolution: |
| Signature /   | Printed Name   |
| / Signature   |  |
|   | Christine Steinberg                                  |
|   | J  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

**FILING FEE: \$25.00**