

LOG 00000 99436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

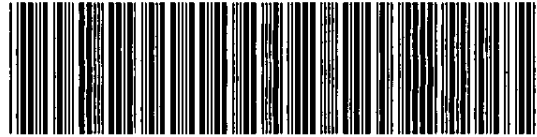
(Document Number)

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FILED  
2010 FEB -5 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2010

STEPHEN LIU  
4170 MARITIME RD  
RANCHO PALOS VERDES, CA 90275

SUBJECT: WIRELESSMD, LLC  
Ref. Number: L09000099436

We have received your document for WIRELESSMD, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 610A00001556

2010 FEB -5 PM 4:01  
RECEIVED  
CORPORATION  
STATE OF FLORIDA

FEB 10 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wireless MD LLC  
(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:

Stephen Liu MD  
(Name of Person)

Chi Med  
(Firm/Company)

4170 Maritime Rd  
(Address)

Rancho Palos Verdes CA 90275  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 FEB -5 PM 4:00

FILED

For further information concerning this matter, please call:

George Lin CPA at 310 968 8803  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

Wireless MD LLC

2. The Articles of Organization were filed on

10/15/2009

and assigned document number

L 09000099436

3. The date the dissolution was approved:

12/31/09

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

NO Activity

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction 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 membership interests necessary to approve the dissolution:

Signature

[Signature]

Printed Name

Stephan Liu MD