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COVER LETTER

	ation Section n of Corporations		
SUBJECT:	Medequip Di	B International imited Liability Company)	LLC
The enclosed Art	ticles of Dissolution and fee(s) are sul	bmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
	Medequip I 2755 Missio Tallahassee, 1	Name of Person) OB International (Firm/Company) A Run Ct. (Address) FL 32303 y/State and Zip Code)	2011 MAR 23 PM 12: 07 SEGRETARY OF STATE TALLAHASSEE: FLORIDA
For further inform	mation concerning this matter, please	call:	
	(Name of Person)	at (850) 2 3 8 (Area Code & Daytime	- 5704 Telephone Number)
Enclosed is a check	k for the following amount: ee30.00 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	STREET/COU Registration Sec Division of Corp Clifton Building	porations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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