

Li 0000 22036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

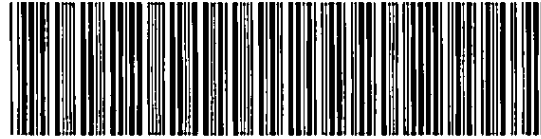
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/17--01036--003 **52.50

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FILED
18 JAN -9 PM 12:44
STATE
TALLAHASSEE FLORIDA

J. LEGGETT
JAN 10 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2017

HADDON N ALLEN
2855 FAYE RD, SUITE 100
JACKSONVILLE, FL 32226 US

SUBJECT: BOSTON MED DEVICE INTERNATIONAL, LLC
Ref. Number: L10000022036

We have received your document for BOSTON MED DEVICE INTERNATIONAL, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 517A00025737

RECEIVED
JAN - 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Boston Med Device International 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:

Haddon N Allen

(Name of Person)

CIL Forwarding LLC

(Firm/Company)

2855 Fuye Rd Suite 100

(Address)

Jacksonville FL 32226

(City/State and Zip Code)

For further information concerning this matter, please call:

Haddon Allen

(Name of Person)

at (

904 751-7338

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &
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

Boston Med Device International LLC

2. The Articles of Organization were filed on 2/26/2010 and assigned

document number L100000 22036

3. The delayed effective date the dissolution if not effective on the date of filing: Nov 30 2017
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

LLC moved its Distribution Center from Florida
to The Dominican Republic

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Hadden Allen

CIL Forwarding LLC

2855 Faye Rd

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Hadden Allen

Signature

Hadden A Allen

Printed Name

FILING FEE: \$25.00

18 JAN -9 PM 12:46
STATE OF FLORIDA
TALLAHASSEE

FILED