1100000049986

(Request	ors Name)	
(Address)	
(Address)	
(C): (C):	- /7: /Db 40	
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	•	
(Busines	s Entity Name)	
(Docume	nt Number)	
Contified Coming	Cartificates of 6	Status
Certified Copies	Certificates of 3	otatus
Special Instructions to Filing	Officer:	
	FEB 2 0 2013	•
	A. LUNT	
<u> </u>		

Office Use Only



800244622878

02/18/13--01012--001 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

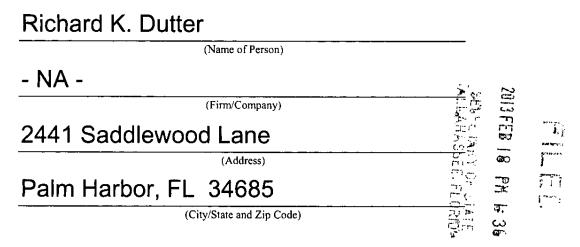
SUBJECT

Capitol Medical Supply, 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:



For further information concerning this matter, please call:

Richard K. Dutter

, 727 <u>, 410 - 4800</u>

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status ρ \$55.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

ρ \$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			75	8 0	1. L.
Capitol Medical Supply, LLC			Fig	3	Harris Con.
2. The Articles of Organization were filed on May 7, 2 L10000049986	2010	and assigned o	documen	ند دن nt numbe	er
3. The date the dissolution was approved: February 13	3, 2013				
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cover	l liability company's diss	solution pursua	int to sec	ction	
Sole business which LLC owned was forced to	o close due to new (government	al regu	lations	_
and enforcement procedures by the Centers	for Medicare and I	Medicaid Se	rvices	(CMS	<u>)</u>
a.k.a. Medicare. Have not conducted "busin	ess" since 10/1/12	•			_
					
5. CHECK ONE:					
■ All debts, obligations and liabilities of the limi	ited liability company ha	ive been paid o	or discha	rged.	
-OR- Adequate provision has been made for the deb	ts, obligations and liabil	ities pursuant 1	to s. 608	.4421.	
6. All remaining property and assets have been distributed rights and interests.	d among its members in	accordance wi	th their r	espectiv	e
7. CHECK ONE:					
■ There are no suits pending against the compan	y in any court.				
 OR- Adequate provision has been made for the satis entered against it in any pending suit. 	sfaction of any judgmen	t, order or decr	ee which	h may be	:
gnatures of the members having the same percentage of me	embership interests nece	ssary to approv	ve the dis	ssolution	1:
Signature /		Printed Name			
NNM /BAI	Dishard K. D	······································	ta D	UTTER	
	Richard K. D	utter (70%)	REAL	217 AC	1452V <u>S</u> Z 144
					11 10
	-				_
					_
					_

FILING FEE: \$25.00