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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIABETTX 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:	
Christopher C. Hubeck (Name of Person)	
DIABETIX LLC (Firm/Company)	
(Firm/Company)	F 20
1301 REVILLE Rd SUITE 17	2012 JAN 13 SEDIS IARD ANDASSI
1301 BEVILLE Rd SUITE 17 (Address)	
	Date of the contract of the co
DAYTONA BEACH, FL 32119 (City/State and Zip Code)	OF STATE
For further information concerning this matter, please call:	70 -
Christopher Hubeck at (386) 290- Name of Person) (Area Code & Daytime Telep	9756 phone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 DIABETIX LLC	
2. The Articles of Organization were filed onO(
3. The date the dissolution was approved:8/	31/2011
	nited liability company's dissolution pursuant to section
	tive bidding of diabetic supplies
5. CHECK ONE:	ASA N
All debts, obligations and liabilities of the OR-Adequate provision has been made for the	e limited liability company have been paid of discharged. e debts, obligations and liabilities pursuant to \$\frac{1}{2}608 \frac{1}{2}421. buted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the cor	npany in any court.
	e satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Christopher Hubert	Christopher Hubeck
Christopher Hubert Glorer Varounds, Drm	George Varounis, DPM

FILING FEE: \$25.00