L16000067432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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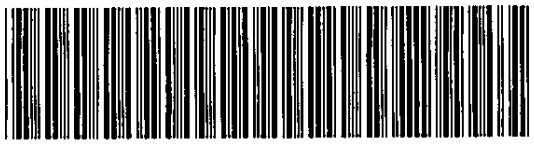

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2014 APR 28 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

14 APR 28 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Simmons APR 28 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SENTECH SURGICAL & DIAGNOSTICS, LLC
(Name of Limited Liability Company)

EIN 27-2906104

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES J. DAILEY
(Name of Person)

SENTECH SURGICAL & DIAGNOSTICS, LLC
(Firm/Company)

2910 Kerry Forest Parkway
(Address) Suite D4-9

Tallahassee, FL 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES J. DAILEY at (850) 544-3377
(Name of Person) (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

   SENTECH Surgical Diagnostics, LLC

2. The Articles of Organization were filed on 06/24/2010 and assigned document number L10000067432

3. The delayed effective date the dissolution if not effective on the date of filing: _____

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).

   Business terminated

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

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:

   Signature: C J Dailey

   Printed Name: CHARLES J. DAILEY

FILING FEE: $25.00

APPROVED AND FILED
14 APR 28 AM 11:34
SECRETARY OF STATE TALLAHASSEE FLORIDA