

L11000016954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

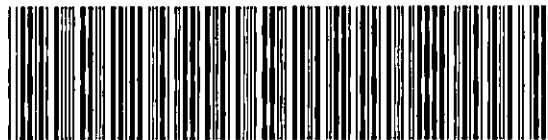
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 AUG -3 AM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 AUG -3 AM 10:38

K. SALY
AUG -6 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 331728 7797159

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : August 2, 2018

ORDER TIME : 9:23 AM

ORDER NO. : 331728-010

CUSTOMER NO: 7797159

DOMESTIC FILINGS

NAME: DOCTOR DIABETIC SUPPLY, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOCTOR DIABETIC 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:

Zoey Armstrong

(Name of Person)

Bertram Capital

(Firm/Company)

800 Concar Drive, Suite 100

(Address)

, San Mateo, CA 94402

(City/State and Zip Code)

For further information concerning this matter, please call:

Zoey Armstrong

(Name of Person)

at (650) 358-5000

(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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
DOCTOR DIABETIC SUPPLY, LLC

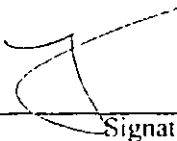
2. The Articles of Organization were filed on 02/09/2011 and assigned
document number L11000016954

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).
The sole member has consented to dissolve the LLC.

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

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

Ryan Craig, Manager
Printed Name

FILING FEE: \$25.00