

COVER LETTER

to: Registration Section
Division of Corporations

SUBJECT: TREVEMED 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:

FRANCISCO CABREJA

(Name of Person)

(Firm/Company)

2201 SW 2ND AVENUE

(Address)

MIAMI, FLORIDA 33129

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO CABREJA at 305 450 9921
(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**

FILED
14 JAN 13 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
TREVE MED LLC

2. The Articles of Organization were filed on 2-23-11 and assigned
document number L11000022685

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).

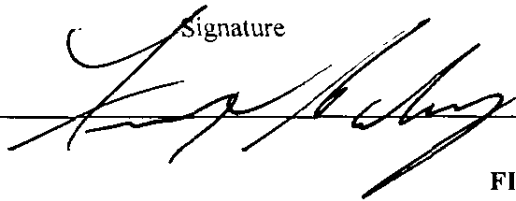
INACTIVE

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

Printed Name



FRANCISCO CABREJA

FILING FEE: \$25.00