

L110000643260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

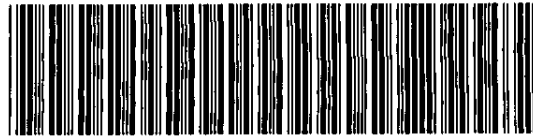
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 24 PM 3:18

No \$

JAN 25 2012

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capmedica 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:

Martin Gene

(Name of Person)

(Firm/Company)

23277 Costa Del Sol Blvd

(Address)

Boca Raton, FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Martin Gene

(Name of Person)

at ( 248 ) 207-6888

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JAN 24 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 10, 2012

MARTIN GENE  
23277 COSTA DEL SOL BLVD  
BOCA RATON, FL 33433

SUBJECT: CAPMEDICA LLC  
Ref. Number: L11000043260

We have received your document for CAPMEDICA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$25.00.

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 912A00000653

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 24 PM 3:18

1. The name of a limited liability company is

Capmedica LLC

2. The Articles of Organization were filed on 4/11/2011 and assigned document number  
L1000043260

3. The date the dissolution was approved: 12/31/11

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Bank of Business

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Martin Gene

Sharon Gene