

2110000 91784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

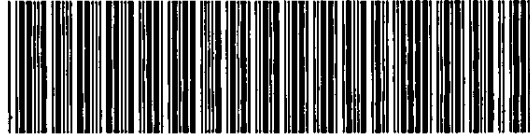
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 21 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ExMed 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:

Michael Mac Millan
(Name of Person)

ExMed LLC
(Firm/Company)

4964 SW 91st Drive
(Address)

Gainesville, FL, 32608
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mac Millan at (352) 258 8577
(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

ExMed LLC

2. The Articles of Organization were filed on 8/10/2011 and assigned

document number L11000091784

3. The delayed effective date the dissolution if not effective on the date of filing: May 1st, 2016
(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.

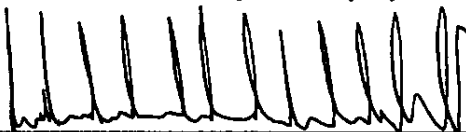
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Insolvency of the business operation doing
business as Exmed 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:

Michael MacMillan
4964 SW 91st Drive
Gainesville, FL, 32608

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

Michael MacMillan

Printed Name

FILING FEE: \$25.00

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