

L120000088062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

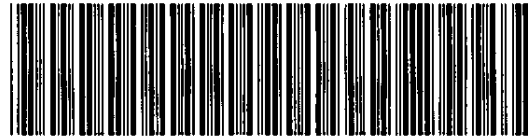
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400265525684

400265525684
10/21/14--01019--011 **25.00

FILED

14 OCT 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2014
T. HAMPTON

VENTILATOR MANAGEMENT SOLUTIONS, LLC

9802-12 BAYMEADOWS RD. – PMB# 156

JACKSONVILLE, FL 32256

PHONE: (904) 435-7993

October 8, 2014

To: Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

Re: Dissolution of Ventilator Management Solutions, LLC
Document # L12000088062

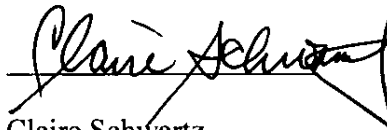
To Florida Division of Corporations – Registration Section,

Please accept the enclosed Articles of Dissolution for above named LLC along with the appropriate fees and dissolve the above named LLC effective immediately. Below you will find the signatures of all managing members for this LLC in order to dissolve it.

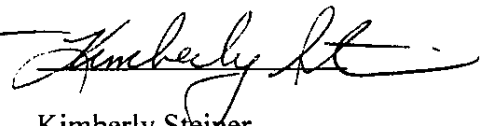
We thank you for your assistance. Please contact us with any questions or clarifications.



Purvin Shah
Managing Member



Claire Schwartz
Managing Member



Kimberly Steiner
Managing Member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VENTILATOR MANAGEMENT SOLUTIONS, 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:

PURVIN SHAH

(Name of Person)

VENTILATOR MANAGEMENT SOLUTIONS, LLC

(Firm/Company)

9802-12 BAYMEADOWS RD. - PMB# 156

(Address)

JACKSONVILLE, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

PURVIN SHAH

(Name of Person)

904

at ()

435-7993

(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
VENTILATOR MANAGEMENT SOLUTIONS, LLC
2. The Articles of Organization were filed on JULY 6, 2012 and assigned
document number L12000088062
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)
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).
NO BUSINESS ACTIVITY SINCE LLC WAS FORMED.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: PURVIN SHAH
9802-12 BAYMEADOWS RD. - PMB# 156
JACKSONVILLE, FL 32256

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

PURVIN SHAH

Printed Name

FILING FEE: \$25.00

FILED
14 OCT 21 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: VENTILATOR MANAGEMENT SOLUTIONS, LLC

Document number of Limited Liability Company is: L12000088062

Date of dissolution was: OCTOBER²¹, 2014

Description of information that must be included in a written claim:

N/A

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

VENTILATOR MANAGEMENT SOLUTIONS, LLC

ATTENTION: PURVIN SHAH

9802-12 BAYMEADOWS RD. - PMB# 156

JACKSONVILLE, FL 32256

FILED
14 OCT 21 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

PURVIN SHAH

Printed Name of the Person Filing

Purvin Shah

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00