

L12000111934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

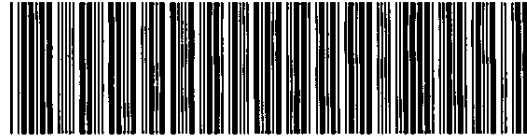
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 AUG -4 PM 12:07  
CLERK OF STATE  
TALLAHASSEE FLORIDA

AUG 05 2014  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Health Media Sales 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:

Robert OMalley

(Name of Person)

(Firm/Company)

PO Box 1622

(Address)

Sterling VA 20167

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert O Malley

(Name of Person)

at 703 6289333

(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

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Health Media Sales LLC
2. The Articles of Organization were filed on 8-27-12 and assigned  
document number L12000111934
3. The delayed effective date the dissolution if not effective on the date of filing: 8/1/2014  
(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).  
LACK OF BUSINESS, CLOSE COMPANY
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Robert Omalley  
10033 Scenic View Terrace  
Vienna VA 22182
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:

R. M. Omalley  
Signature

ROBERT M. OMALLEY  
Printed Name

**FILING FEE: \$25.00**

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