

42000119231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

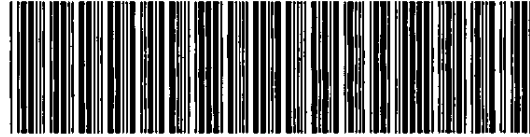
(Business Entity Name)

(Document Number)

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

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STATE TARY DEPT. STATE  
TALLAHASSEE FLORIDA

DEC 29 2014  
BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CVC Medical Devices, 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:

Tom Tran

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1050 Old Camp Road, Suite 202

\_\_\_\_\_  
(Address)

The Villages, FL 32162

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Tran

\_\_\_\_\_  
(Name of Person)

321

276-5407

at (

) \_\_\_\_\_  
(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

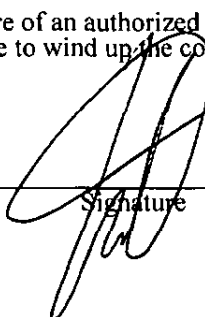
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is  
CVC Medical Devices, LLC
2. The Articles of Organization were filed on 9/18/2012 and assigned  
document number L12000119231
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).  
Poor sales leading to a diminished revenue and unable to meet goals of the  
corporation.
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

Tom Tran

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE FLORIDA

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