

L12000134794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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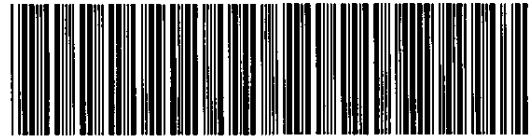
(Business Entity Name)

(Document Number)

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13 DEC 11 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 12 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE AED LAB, 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:

GABRIEL ARGUELLO
(Name of Person)

THE AED LAB, LLC
(Firm/Company)

700 NW 133 AVE
(Address)

MIAMI, FL 33182
(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL ARGUELLO at (786) 241-3270
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

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

ρ \$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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

THE AED LAB, LLC

2. The Articles of Organization were filed on 10/19/2012 and assigned document number

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3. The date the dissolution was approved: 11/30/2013 - EFFECTIVE DATE 12/31/2013

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).

ALL OPERATIONS MERGED WITH ANOTHER ENTITY EFFECTIVE
1/1/14. THUS, THIS ORGANIZATION WILL CEASE ALL OPERATIONS
EFFECTIVE 12/31/2013.

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

GABRIEL ARBUJELLO

Printed Name

GABRIEL ARBUJELLO