L12000150741

(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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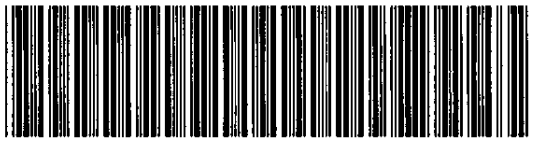
Office Use Only



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FILED
2014 MAR 10 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiology Interpretation Services
(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:

Imane Chaouki
(Name of Person)

Radiology Interpretation Services
(Firm/Company)

PO BOX 731
(Address)

Meriden CT 06450
(City/State and Zip Code)

For further information concerning this matter, please call:

Imane Chaouki at (407) 462-0206
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
Radiology Interpretation Services LLC

2. The Articles of Organization were filed on 12/2012 and assigned
document number L12000150747

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).

Relocation out of State.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Imane Chaouki
PO BOX 731
Meriden CT 06450

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

Imane Chaouki
Printed Name

FILING FEE: $25.00