

L13000067276

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power Up Medical 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:

Allen Smith
(Name of Person)

Power Up Medical LLC
(Firm/Company)

2561 CR 220 suite 306
(Address)

Middleburg, FL 32068
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Allen Smith at (904) 868-8013
(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

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

1. The name of a limited liability company is

Power Up Medical, LLC

2. The Articles of Organization were filed on May 08, 2013 and assigned

document number L13000067276

3. The delayed effective date the dissolution if not effective on the date of filing: Feb. 3rd 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).

No business was done. No point keeping company
open.

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

2561 ce 220 suite 306
Middleburg, FL 32068

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

Allen Smith
Printed Name

FILING FEE: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA