

L14000022808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

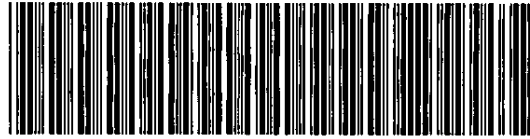
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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L14-22808

02/02/15--01031--013 \*\*25.00

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15 MAR -2 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 3 - 2015

N. CAUSSEAUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Worldwide Medical Equipment Imp - Export, 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:

Ramon Reyes  
(Name of Person)  
Ramon Reyes P.A.  
(Firm/Company)  
5035 Palm Ave.  
(Address)  
Hialeah, FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon Reyes at 305, 822.0669  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2015

RAMON REYES, ESQUIRE  
RAMON REYES P.A.  
5035 PALM AVENUE  
HIALEAH, FL 33012

SUBJECT: WORLDWIDE MEDICAL EQUIPMENT IMP-EXPORT, LLC  
Ref. Number: L14000022808

We have received your document for WORLDWIDE MEDICAL EQUIPMENT IMP-EXPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 215A00002759

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Worldwide Medical Equipment Imp-Export, LLC

2. The Articles of Organization were filed on 09/10/2014 and assigned

document number L1400004808

3. The delayed effective date the dissolution if not effective on the date of filing: 01/26/2015  
(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).

Business never operated

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

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TALLAHASSEE, FLORIDA

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:

Carlos A. Diaz

Signature

Carlos A. Diaz

Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: WORLDWIDE MEDICAL EQUIPMENT IMP-EXPORT, LLC

Document number of Limited Liability Company is: L 1400003808

Date of dissolution was: 12/31/14

Description of information that must be included in a written claim:

Business never operated

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Carlos A. Delaz

Printed Name of the Person Filing

Car Delaz

Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**