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16 DEC 30 PM 1:19

DEC 30 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDSCANS, 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:

Perinchery Narayan, M.D.

(Name of Person)

(Firm/Company)

3426 NW 43rd Street, Suite B

(Address)

Gainesville FL 32606

(City/State and Zip Code)

For further information concerning this matter, please call:

Perinchery Narayan

(Name of Person)

at ( 352 ) 338-0632

(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

MEDSCANS, LLC

2. The Articles of Organization were filed on 03/11/2014 and assigned

document number L14000040655

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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Change of legal requirements for the operation of the business.

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

Perinchery Narayan, M.D.

3426 NW 43rd Street, Suite B

Gainesville FL 32606

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

Perinchery Narayan

Printed Name

**FILING FEE: \$25.00**

16 DEC 30 PM 1:19

FILED  
12/30/2016  
11:19 AM  
CLERK OF COURT  
STATE OF FLORIDA  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
IN AND FOR THE COUNTY OF  
HARRIS, TEXAS