

L1400049149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

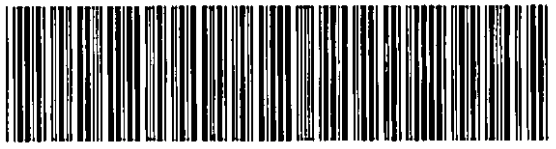
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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18 AUG -8 PM 6:37
TALLAHASSEE, FLORIDA

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AUG 09 2018
S. YOUNG



ROBIN LLOYD & ASSOCIATES, P.A.
ATTORNEYS AND COUNSELORS

August 2, 2018

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Pro Team Med. LLC, document number-L14000049149

To Whom It May Concern,

Enclosed please find the Articles of Dissolution for the above listed LLC along with a check in the amount of \$25.00 payable to Florida Department of State for the filing fee.

Upon completion, please forward the Certificate of Dissolution to our office in the envelope provided. If you have any questions or need anything further to process this request, please contact our office.

Kindest regards,

ROBIN LLOYD & ASSOCIATES, P.A.

By: *Tiffany Coleman*
Tiffany Coleman, Paralegal

Enclosure

cc: Annette Miller

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18 AUG -6 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Team Med, 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:

Robin A. Lloyd, Sr.
(Name of Person)
Robin Lloyd & Associates, P.A.
(Firm/Company)
5089 Highway A1A, Suite 100
(Address)
Vero Beach, FL 32963
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robin A. Lloyd, Sr. at (772) 234-5500
(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
Pro Team Med, LLC


2. The Articles of Organization were filed on March 25, 2014 and assigned
document number L14000049149

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).
Closed 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:

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

Annette Miller, Sole Member Manager

Printed Name

FILING FEE: \$25.00

FILED
18 AUG - 6 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Pro Team Med, LLC

Document number of Limited Liability Company is: L14000049149

Date of dissolution was: 7/12/18

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

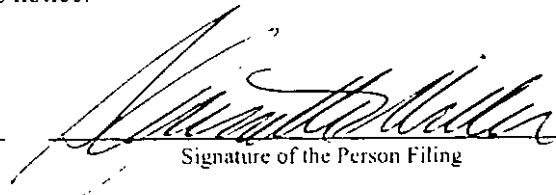
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
FILED

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

Robin Lloyd & Associates, P.A.
5089 Highway A1A, Suite 100
Vero Beach, FL 32963

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.

Annette Miller, Sole Member Manager
Printed Name of the Person Filing


Signature of the Person Filing

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