

# L 14000074933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

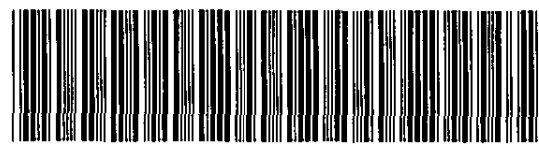
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
14 OCT 17 AM 10:49

FILED  
2014 OCT 17 AM 9:18  
SECRETARY OF STATE  
FALLAHASSEF, FIORINA

K. SALY  
EXAMINER  
OCT 20 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 340696 7503901  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : October 16, 2014  
ORDER TIME : 4:42 PM  
ORDER NO. : 340696-005  
CUSTOMER NO: 7503901

DOMESTIC FILINGS

NAME: PATIENTCUBE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

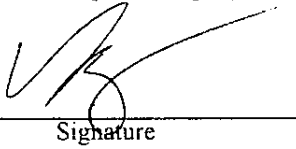
ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2014 OCT 17 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Patientcube, LLC
2. The Articles of Organization were filed on May 8, 2014 and assigned  
document number L14000074933
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).  
The consent of all the members (Florida Statutes Section 605.0701(2)).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Vladimir Bogin  
3107 Stirling Road  
Suite 106  
Fort Lauderdale, FL 33312
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

Vladimir Bogin  
\_\_\_\_\_  
Printed Name

**FILING FEE: \$25.00**