

# L14000079671

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SMITH HULSEY & BUSEY  
Account Number : 075030000653  
Phone : (904) 359-7700  
Fax Number : (904) 359-7708

**LLC DISSOLUTION OR WITHDRAWAL  
BED CHEK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2017 OCT 31 PM 12:45

ALL AGENTS TO CONTACT

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11:00

K. SALY

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ARTICLES OF DISSOLUTION  
OF  
BED CHEK, LLC

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ARTICLE I

The name of this limited liability company is Bed Chek, LLC (the "Company").

ARTICLE II

The Articles of Organization of the Company were filed on March 9, 2005, and assigned Document Number L14000079671.

ARTICLE III

The dissolution of the Company was authorized by written consent adopted by the sole member of the Company on October 31, 2017, and shall be effective as of the date of filing of the Articles of Dissolution.

ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provisions have been made therefor, pursuant to Section 605.0709, Florida Statutes.

ARTICLE V

All remaining property and assets of the Company have been distributed to its sole member in accordance with the governing documents of the Company and the Florida Revised Limited Liability Company Act.

ARTICLE VI

There are no suits pending against the Company in any court.

Dated this 31<sup>st</sup> day of October, 2017.

BED CHEK, LLC

By: 

Paul A. Lazar  
Manager

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**Notice of Limited Liability Company Dissolution**

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: Bed Chek, LLCDocument number of Limited Liability Company is: L14000079671Date of dissolution was: 10/31/17

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

The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim, the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.


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

8321 Colee Cove RoadSt. Augustine, FL 32092

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.

Paul Lazar

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

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