

L14000 153864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

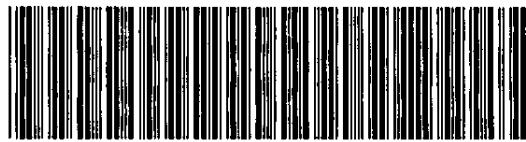
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270854257

03/23/15--01029--023 **25.00

15 MAR 23 PM 2:54
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
FBI - MEMPHIS
3/23/15
APR 14 2015
3/23/15

3/23/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Meditaxi 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:

Dmitriy Klyuchits
(Name of Person)

Meditaxi LLC
(Firm/Company)

530 E. Oakwood St.
(Address)

Tarpon Springs, FL 34689
(City/State and Zip Code)

For further information concerning this matter, please call:

Dmitriy Klyuchits at (727) 599-7385
(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

Meditaxi LLC

2. The Articles of Organization were filed on October 02, 2014 and assigned

document number L14000153894

3. The delayed effective date the dissolution if not effective on the date of filing: March 31, 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).

I would like to dissolve my Florida
Limited Liability Company "Meditaxi" due
to the fact that I did not receive a contract
from Medical Transportation Management (MTM).

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

Dmitriy Klyuchits

530 E. Oakwood St.

Tarpon Springs, FL 34689

15 MAR 23 PM 2:54
2015

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:

Dmitriy Klyuchits
Signature

Dmitriy Klyuchits
Printed Name

FILING FEE: \$25.00