

614 000 153854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

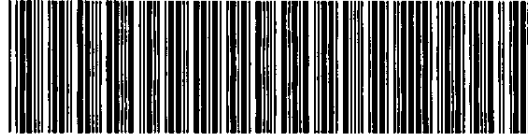
(Business Entity Name)

(Document Number)

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

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15 MAR 23 PM 2:54  
CLERK OF SUPERIOR COURT  
JULIA A. BROWN

APR 14 2015

3/31

## 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  
Medi-taxi 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
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

Dmitriy Klyuchits  
Printed Name

**FILING FEE: \$25.00**

15 MAR 23 PM 2:54

FILED