L14000172052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 23 PM 4:12
TALLAHASSEE, FLORIDA

MAY 25 2016

SHARON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDIC BRIGHT SOLUTIONS 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:

JORGE O PEREZ
(Name of Person)

MEDIC BRIGHT SOLUTIONS LLC
(Firm/Company)

10051 HAITIAN DR
(Address)

CUTLER BAY, FL 33189
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE O PEREZ at (786) 662-9695
(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
   MEDIC BRIGHT SOLUTIONS LLC

2. The Articles of Organization were filed on 11/05/2014 and assigned
   document number L14000172052

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).
   THE MEMBERS OF THE CO. MEDIC BRIGHT SOLUTIONS LLC FOLLOWING THE
   OCCURRENCE OF ANY OF THE EVENTS SPECIFIED IN THIS SECTION WHICH
   CAUSE THE DISOLUTION OF THE LLC., SHALL DELIVER ARTICLES OF DISSOLUTION TO
   THE DEPARTMENT OF STATE FOR FILING.

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:

K _____ JORGE O PEREZ
Signature Printed Name

FILING FEE: $25.00

FILED
2015 MAY 23 P 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA