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**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 12/30/2019

Acc#I20160000072

*ginc DW*

Name:	Liberty Medical Holdings, LLC
Document #:	
Order #:	12515924

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Amount: \$ 55.00
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Liberty Medical Holdings, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Lapinski  
Name of Person

Quarles & Brady LLP  
Firm/Company

411 E Wisconsin Ave, Ste 2350  
Address

Milwaukee, WI 53202  
City/State and Zip Code

N/A  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Lapinski at ( 414 ) 277-5189  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E141 (12/13)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

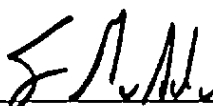
FIRST: The name of the limited liability company is: Liberty Medical Holdings, LLC

SECOND:

The date of filing of the initial articles of organization is: November 4, 2014

THIRD: The date of filing of the dissolution is:  
December 31, 2019

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

  
\_\_\_\_\_  
Signature of Authorized Representative

Shaun McGruder, Manager  
\_\_\_\_\_  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

CR2E141 (12/13)