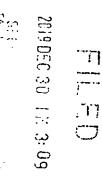
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#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	12/30/2019	N.11
	-	Acc#I20160000072	a: DW
Name:	Liberty Me	dical Holdings, LLC	
Document #:			
Order #:	12515924		
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Thank you!

#### **COVER LETTER**

Division of Corporations						
Liberty Medical Holdings LLC						
SUBJECT: Liberty Medical Holdings, LLC	Liability Company)					
(Ivalie of Limited	Liability Company)					
The enclosed Articles of Dissolution and fee(s) are submitted	d for filing.					
Please return all correspondence concerning this matter to th	e following:					
	•					
Sucan I anincki						
Susan Lapinski (Name of Person)						
(Canada	,					
Quarles & Brady LLP						
(Firm/Company)						
411 E Wisconsin Ave, Ste 2350						
(Address)						
Milweyles - WI 52202						
Milwaukee, WI 53202 (City/State and Zip Code)						
Chyonic	and 25p code)					
For further information concerning this matter, please call:						
Susan Lapinski	at (414 ) 277-5189					
(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 Disso  Certified Copy (additional copy is en						
MAILING ADDRESS:	STREET/COURIER ADDRESS:					
Registration Section	Registration Section					
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building					
r.O. DUX 0327	Citton bunding					

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Registration Section

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

l. The name of a limited lial	• •			
	Liberty Medical Hold	lings, LLC	<del></del>	
. The Articles of Organizat	ion were filed on Novembo	er 4, 2014	and assigned	
document number L140	00172086			
ivote: If the date inserted i	e the dissolution if not effective to the dissolution if not effective to the thing this block does not meet the applicative date on the Department of	plicable statutory till	iling: December 31, 2019 date document is received for filing) ing requirements, this date will not b	
A description of occurren 605.0707, Florida Statutes	ce that resulted in the limited , (copy 605.0707 on back cov	liability company' er letter).	's dissolution pursuant to section	
Consent of all the mem		,		
. If there are no members, e	enter the name and address of Shaun McGruder	the person appoint	ted to wind up the company's 29	
	525 South Flagler Drive	2	38.02	
	Suite 201		7:	
	West Palm Beach FL 33	3401	3: 09	
Signature of an authorized sted above to wind up the c	I person or if there are no men ompany's activities and affair	nbers, the signatur s:	re of the person appointed and	
SAM		haun McGruder		
Signature		Printed Name		

**FILING FEE: \$25.00**