

L14000172086

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 12/30/2019

Acc#I20160000072

*en: c DVI*

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

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ 55.00

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Liberty Medical Holdings, 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:

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)

For further information concerning this matter, please call:

Susan Lapinski

(Name of Person)

at ( 414 ) 277-5189

(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  
Liberty Medical Holdings, LLC
2. The Articles of Organization were filed on November 4, 2014 and assigned  
document number L14000172086
3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2019  
(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).  
Consent of all the members
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Shaun McGruder  
525 South Flagler Drive  
Suite 201  
West Palm Beach FL 33401
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

Shaun McGruder  
Printed Name

**FILING FEE: \$25.00**