

L14000181398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

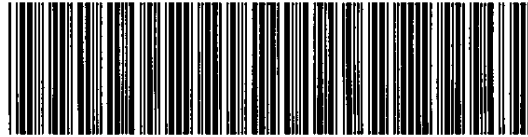
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/15--01013--014 **25.00

FILED
2015 MAY 12 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedEx Cab 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:

Vyacheslav Klyuchits
(Name of Person)

MedEx Cab LLC
(Firm/Company)

1108 S Missouri Ave, Apt. 208
(Address)

Clearwater, FL 33756
(City/State and Zip Code)

For further information concerning this matter, please call:

Vyacheslav Klyuchits at (727) 741-7418
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2015

VYACHESLAR KLYUCHITS
1108 S. MISSOURI AVENUE
APT. 208
CLEARWATER, FL 33756

SUBJECT: MEDEX CAB "LLC"
Ref. Number: L14000181398

RECEIVED
15 MAY 12 AM 10:00
BUREAU OF CORPORATE
REGISTRATION SERVICES

We have received your document for MEDEX CAB "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 515A00008505

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

MedEx Cab LLC

2. The Articles of Organization were filed on November 24, 2014 and assigned

document number L14000181398

3. The delayed effective date the dissolution if not effective on the date of filing: May 15, 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 "MedEx Cab"
due to the high insurance prices

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Vyacheslav Klyuchits
1108 S Missouri Ave, Apt 208
Clearwater, FL 33756

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:

V. Klyuchits
Signature

Vyacheslav Klyuchits
Printed Name

FILING FEE: \$25.00