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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 : (904)355-0233 Fax Number

# LLC DISSOLUTION OR WITHDRAWAL CRYO LIFE SUPPORT SYSTEMS, LLC

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# ARTICLES OF DISSOLUTION of CRYO LIFE SUPPORT SYSTEMS, LLC

#### ARTICLET

The name of the Company is Cryo Life Support Systems, LLC and its document number is L15000040959.

### ARTICLE II

The Articles of Organization of the Company were filed on March 5, 2015.

# ARTICLE HE

The voluntary dissolution of the Company was authorized by written consent executed by all of its members entitled to vote effective as of  $\frac{1}{2} = \frac{1}{2} = \frac{1}{$ 

### ARTICLE IV

All debts, obligations, and liabilities of the Company have been paid or discharged.

# ARTICLE V

The Manager of the Company has the authority to wind up the Company's activities and affairs. The Manager of the Company can execute instruments conveying any remaining property and assets of the Company to its Members in accordance with their respective rights and interests.

### ARTICLE VI

There are no suits pending against the Company in any court.

# ARTICLE VII

The effective date of the Company's voluntary dissolution with the Florida Department of State Division of Corporations shall be the date these Articles of Dissolution are filed with the Secretary of State of the State of Florida.

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To

IN WITNESS WHEREOF, the Manager executed these Articles of Dissolution as of the Effective Date.

Clayton E. Blalock, as Manager

H24000415882

# NOTICE OF DISSOLUTION OF CRYO LIFE SUPPORT SYSTEMS, LLC

This Notice of Dissolution is submitted by Cryo Life Support Systems, LLC, a Florida limited liability company (the "Company"), for resolution of payment of unknown claims against the Company as provided in Section 605.0712. Florida Statutes.

#### ARTICLE I

The name of the Company is Cryo Life Support Systems, LLC and was assigned document number L15000040959.

### ARTICLE II

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Florida Department of State is, the date that the Articles of Dissolution are filed with the Secretary of State of the State of Florida.

# ARTICLE III

Claims against the Company should be submitted to the address listed below. The following information must be included in each claim:

- 1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
- 2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Company is liable therefor.
  - 3. The harm suffered by claimant.

# ARTICLEAV

Claims should be mailed to the Company at the following address:

Cryo Life Support Systems, LLC 3239 U.S. Highway 1 Mims, Florida 32754

# ARTICLE V

Claims against the Company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

Clayton E. Blalock, as Manager