

#L15000058551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

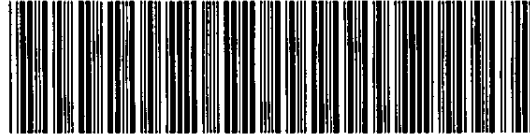
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/08/15--01012--007 \*\*25.00

FILED  
2015 JUN -8 AM 10:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 10 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HUNTINGTON MEDICAL 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:

DARRELL HILL

(Name of Person)

HUNTINGTON MEDICAL LLC

(Firm/Company)

4635 MEADOWVIEW CIRCLE

(Address)

SARASOTA, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

DARRELL HILL

(Name of Person)

at (941) 587-7357

(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

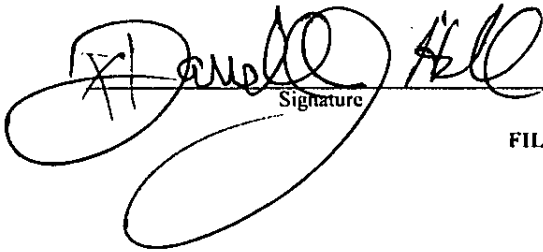
ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2015 JUN -8 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
HUNTINGTON MEDICAL LLC
2. The Articles of Organization were filed on 4-2-2015 and assigned  
document number 615000058551
3. The delayed effective date the dissolution if not effective on the date of filing: -ON FILING-  
(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).  
SECTION 605.0701 (1) THE LLC WAS FORMED IN A  
DIFFERENT STATE AND A MEMBER MISTAKENLY FILED FOR  
AN LLC IN FL. THIS IS NOT APPROVED BY THE OPERATING  
AGREEMENT SIGNED BY THE PARTNERS/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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

DAVELL J. HILL  
Printed Name

FILING FEE: \$25.00