

L150000 76783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

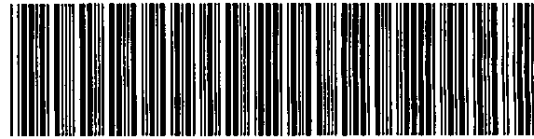
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 11 PM 12:49
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

OCT 12 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kiwi Medical Office Services, 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:

Patricia Thiel

(Name of Person)

609 18th Ave. SW

(Address)

Rochester, MN 55902

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Thiel

(Name of Person)

at **941 979-0488**

(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

Kiwi Medical Office Services, LLC

2. The Articles of Organization were filed on 4/30/2015 and assigned

document number L15000076783

3. The delayed effective date the dissolution if not effective on the date of 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).

The consent of all 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: Patricia Thiel, 609 18 Ave. SW, Rochester, MN 55902

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:

Patricia L. Thiel
Signature

Patricia L. Thiel
Printed Name

FILING FEE: \$25.00

FILED
OCT 11 PM 12:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS