

L15000 17504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

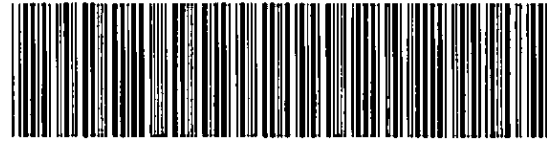
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/17--01019--024 **25.00

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2017 OCT 23 PM 2:04

11-11-17

K. SALY
OCT 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL SUPPLIES SERVICES & GENERAL ELECTRONICS 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:

Jose Alfonzo

(Name of Person)

Jrad 1968 Group Llc

(Firm/Company)

8180 Nw 36th St Suite 321

(Address)

Doral,FL,33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Freddy Rojas

(Name of Person)

at (305) 9064243

(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

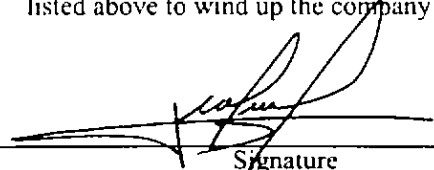
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2017 OCT 23 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
MEDICAL SUPPLIES SERVICES & GENERAL ELECTRONICS LLC
2. The Articles of Organization were filed on 08/07/2015 and assigned
document number L15000135004
3. The delayed effective date the dissolution if not effective on the date of filing: 10/02/2017
(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).
Company no started any Business

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

Freddy Rojas

Printed Name