

L15000148053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000284692030

04/21/16--01015--007 **25.00

APR 21 2016

16 APR 21 AM 10:05

APR 22 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fisher-Med, 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:

Raul Valera

(Name of Person)

(Firm/Company)

3556 South 5600 West Unit 1-219

(Address)

West Valley City, UT 84120

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria P. Hayes, CPA

(Name of Person)

at (239) 596-6050

(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
Fisher-Med, LLC

2. The Articles of Organization were filed on August 28, 2015 and assigned
document number L15000148053

3. The delayed effective date the dissolution if not effective on the date of filing: April 13, 2016
(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 sole member, Raul Valera, no longer intends to do business in the State of Florida and wishes to
Dissolve Fisher-Med, LLC.

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

Raul Valera

Printed Name

FILING FEE: \$25.00

16 APR 21 AM 10:06
CLERK OF COURT
STATE OF FLORIDA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Fisher-Med, LLC

Document number of Limited Liability Company is: L15000148053

Date of dissolution was: April 13, 2016

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Raul Valera

3556 South 5600 West, Unit 1-219

West Valley City, UT 84120

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Raul Valera

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00