

5/8/23, 9:36 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARBOSA LEGAL
Account Number : I20110000049
Phone : (305)501-4680
Fax Number : (305)359-9543

LLC DISSOLUTION OR WITHDRAWAL

APROMED MEDICAL EDUCATION INSTITUTE USA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

RECEIVED

2023 MAY - 8 AM 11:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAY - 8 AM 11:26

Electronic Filing Menu

Corporate Filing Menu

Help

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T. LEMIEUX
MAY 09 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APROMED MEDICAL EDUCATION INSTITUTE USA, 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:

Erika Kitaoka da Silva

(Name of Person)

Barbosa Legal

(Firm/Company)

407 Lincoln Rd PH-NE

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Edwin Cisneros

305

501-4680

at (_____) _____

(Name of Person)

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is
APROMED MEDICAL EDUCATION INSTITUTE USA, LLC
2. The Articles of Organization were filed on 11/04/2015 and assigned
document number L15000187008
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 SOLE MEMBER CONSENTS AND APPROVES TO THE DISSOLUTION OF THE COMPANY

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:

X Antonio De Almeida Lago Filho
Signature

Antonio De Almeida Lago Filho
Printed Name

FILING FEE: \$25.00

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2023-11-08 AM 11:26

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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: APROMED MEDICAL EDUCATION INSTITUTE USA, LLC

Document number of Limited Liability Company is: L15000187008

Date of dissolution was: _____

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

Claim must be in writing and state the name and contact information of the party making the claim and detailed allegations.

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

407 LINCOLN RD PH-NE MIAMI BEACH, FL 33139

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.

Edwin Cisneros

Printed Name of the Person Filing

Edwin Cisneros

Signature of the Person Filing

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

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