

L15000194244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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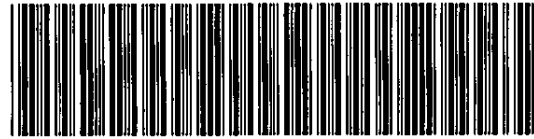
(Business Entity Name)

(Document Number)

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BRIDGET M. MANN HARRISON, CP, FRP
Certified Paralegal

E-MAIL ADDRESS:
bmann@nasonyeager.com

DIRECT DIAL
(561) 471-3514

FAX NUMBER:
(561) 290-1590

April 12, 2017

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Palm Beach Cryomedica, LLC
Our File No.: 10683-24137

Dear Sir/Madam:

Enclosed herewith please find a Statement of Termination for Palm Beach Cryomedica, LLC and a check in the amount of \$25.00 to cover the filing fees. Please forward any evidence of filing to me at:

Bridget M. Mann Harrison, CP
Nason, Yeager, Gerson, White & Lioce, P.A.
3001 PGA Blvd., Suite 305
Palm Beach Gardens, FL 33410

Please feel free to contact me at 561-471-3514 with any questions.

Sincerely,

NASON, YEAGER, GERSON, WHITE
& LIOCE, P.A.



Bridget M. Mann Harrison, CP, FRP

Enclosures

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**STATEMENT OF TERMINATION FOR
PALM BEACH CRYOMEDICA, LLC**

Pursuant to Florida Statutes §605.0709(7), the undersigned, being the Manager of PALM BEACH CRYOMEDICA, LLC, a Florida limited liability company (the "Company"), submits the following as representations concerning the dissolution of the Company and the termination of authority of both the Manager and Members of the Company:

- ITEM 1:** The name of the Company is PALM BEACH CRYOMEDICA, LLC.
- ITEM 2:** The Florida Document number assigned to the Company is L15000194244.
- ITEM 3:** The initial Articles of Organization for the Company were November 19, 2015.
- ITEM 4:** Articles of Dissolution were filed for the Company on ^{April 11} March ___, 2017.
- ITEM 5:** The Company has completed winding up its activities and affairs and the Manager has determined that this Statement of Termination be filed.

This Statement of Termination is signed on this ^{April 11} ___ day of March, 2017



Veronica H. LaSalle-Ricci

17 APR 17 PM 1:55

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