<u>Lisopa</u> 205757

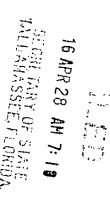
	(Requestor's Name)	
4-2-18 (***********************************	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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APR 29 2016 J. SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: STELLER MEDICAL LUC (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:		
JULIE STEUER (Name of Person)		
STEUER MEDICAL, UC (Firm/Company)		
4357 PONDAPPLE DRIVE		
TTUSUIUE MA 32794 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (612) 859-8326 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
525.00 Filing Fee and Certificate of Dissolution		

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

Certified Copy (additional copy is enclosed)

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is	
	STEUER MEDICAL, UC	
2.	The Articles of Organization were filed on 12 415 and assigned document number L15000 205 353	
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).	
	NEVER AD ANY BUSINESS UNDER THIS UC AND NO LONGER REQUIRE IT	
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	. १८ - १,०८ : मु १ ८ -
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:	Paristra Marie
١	And a Street	

FILING FEE: \$25.00

Printed Name