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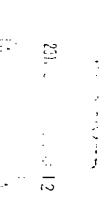
	(Requestor's Name)				
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					





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K. SALY JUL 1 0 2017



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:July 7, 2017	7.000d/film. 12000000000				
Name: MICHELLE WALKER					
Reference #:					
Entity Name: VALENCIA MEDICAL SUPI	PLY LLC				
Articles of Incorporation/Authorization to Trans	act Business				
☐ Amendment					
Change of Agent					
Reinstatement					
Conversion					
Merger					
✓ Dissolution/Withdrawal					
Fictitous Name					
Other					
PLEASE RETURN A COPY OF THIS COV	'ER SHEET WITH FILED EVIDENCE				
Authorized Amount:	**Please call Michelle at 518-213-0737 if authorized amount is not enough. Thanks!!				
Signature: Nichelle Walker					

+1.212.947.7200

EUROPEAN HQ

COGENCY GLOBAL (US) JIM TED PROMERO MENO AND AMES 450 JOHN TO THE 6 BEMS MARKS, 1150 CONDOMICOSA 78A 444 (0)20,3786,1090 · ASIA PACIFIC HQ

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COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	Valencia M	edical Supply LLC				
SUBJECT: _	(Name of Limit	ed Liability Company)				
The enclosed A	Articles of Dissolution and fee(s) are submit	ted for filing.				
Please return a	Il correspondence concerning this matter to	the following:				
	Anisya	Staroselsky				
	(Na	ne of Person)				
	(Fir	m/Company)				
	100 Passaic Avenue, Suite 100					
		(Address)				
		d, NJ 07004 ate and Zip Code)				
For further inf	formation concerning this matter, please call	:				
	Anisya Staroselsky	at (973) 240-0208 (Area Code & Daytime Telephone Number)				
	(Name of Person)	(Alea Code & Daytime Telephone Names)				
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:	STREET/COURIER ADDRESS:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



ı.	The name of a limited liabil	ity company is		MITAHASSEE, FI		
			dical Supply LLC			
2.	The Articles of Organization	n were filed on	July 11, 2016	and assigned		
	document number	L16000127128				
3.	The delayed effective date to (effective Note: If the date inscribed in the listed as the document's effective to the content's effective to the content of the content	date cannot be prior to or his block does not mee	rmore than 90 days later than do t the applicable statutory filir	ing: the document is received for filing) ig requirements, this date will not b		
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).					
	inactive entity					
		er the name and addr		d to wind up the company's		
	activities and affairs:	7451 Twin	Gary Schear Falls Drive, Boynton	Beach FL 33437		
j. Ist	Signature of an authorized pad above to wind up the com	erson or if there are n	no membara, the signature affairs:	of the person appointed and		
	J) Sola Signature			y Schear		
•	១ដោរវេជ		Print	ed Name		

FILING FEE: \$25,00