

L16000157412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

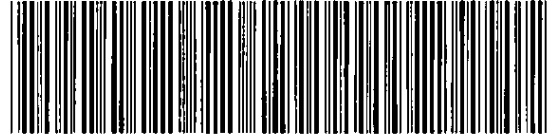
(Document Number)

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2024 OCT -7 PM 2:33  
TALLAHASSEE, FL

KX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aston Medical Distribution 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:

Christopher R. DeNisco

(Name of Person)

Aston Medical Distribution LLC

(Firm/Company)

12796 NW Mariner Court

(Address)

Palm City FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher R. DeNisco

(Name of Person)

772

801-8041

at ( )

(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

TALLAHASSEE FL

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

1. The name of a limited liability company is

Aston Medical Distribution LLC

2. The Articles of Organization were filed on August 22nd, 2016 and assigned

document number L16000157412

3. The delayed effective date the dissolution if not effective on the date of filing: 10/3-2024  
(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).

Retiring no longer have any demand for our services

Retiring no longer have any demand for our services

Retiring no longer have any demand for our services

5. If there are no members, enter the name and address of the person appointed to wind up the company's

activities and affairs:

Christopher R. DeNisco

12796 NW Mariner Court

Palm City FL 34990

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

Christopher R. DeNisco

Printed Name

**FILING FEE: \$25.00**

2024 OCT -7 PM 2:33  
CLERK OF COURT  
STATE OF FLORIDA

FILED

## 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: Aston Medical Distribution LLC

Document number of Limited Liability Company is: L16000157412

Date of dissolution was: 10/3-2024

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

Aston Medical Distribution was in business to help locate products that were in short supply during the pandemic

Those services have not been needed for nearly two years. The company no longer has any customers or demand

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

Aston Medical Distribution LLC

12796 NW Mariner Court

Palm City FL 34990

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.

Christopher R. DeNisco

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**

FILED  
2024 OCT -7 PM 2:33  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY, FL