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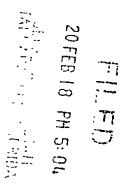
(Requestor's Name)						
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COVER LETTER

TO:

	stration Section ion of Corporations			
SUBJECT: _	Clinical Lab Repairs LLC			
obsecti _	(Name of Limi	ited Liability Company)		
The enclosed z	Articles of Dissolution and fee(s) are submi	tted for filing.		
lease return a	Il correspondence concerning this matter to	the following:		
	Enrique Janero			
	(82	me of Person)		
	Clinical Lab Repairs LLC			
	(Fir	rm/Company)		
	600 East 51 Street			
		(Address)		
	Hialeah, FL 33013			
	(City/St	ate and Zip Code)		
or further info	ormation concerning this matter, please call	l:		
Enrique Janero		305 582-7941 at ()		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
inclosed is a ch	eck for the following amount:			
\$25,01	9 Filing Fee and Certificate of Dissolution	 \$55,00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) 		
	ng Address:	Street Address:		
	stration Section	Registration Section		
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited lia Clinical Lab Repairs LLC	ability company is					
2. The Articles of Organiza	ation were filed on	06 - 19 - 2017	and assigne	_ and assigned		
document number	.17000132614					
Note: If the date inserted	te the dissolution if not e tive date cannot be prior to or in this block does not meet ffective date on the Departr	the applicable statutory	ii date document is rece	receive tim		
4. A description of occurred 605.0707, Florida Statute	nce that resulted in the his (conv. 605,0707, on bac	mited liability compan	y's dissolution purs	uant to se	e cci on	
I have Retir	red. I NO L	ONGER NO	ed the		FE8	
conforatio) t ₎ .			•	8 ,	
					PH 5	
				<u>8</u> 1.	101:5 ,	
5. If there are no members, activities and affairs:	enter the name and addre Enrique Janero	ess of the person appoi	nted to wind up the	company	/`s	
	600 East 51 Street					
	Hialeah, FL 33013					
 Signature of an authorize above to wind up the compa 	d person or if there are n ny's activities and affair	o members, the signat s:	ure of the person ap	pointed a	— .nd listec	
mya Zmo,		Enrique Janero				
Signature		Printed Name				

FILING FEE: \$25.00