

L170000135593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

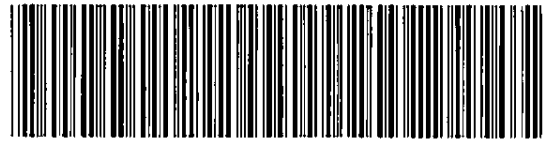
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmills

Office Use Only



400428385874

04/26/24 -01012--017 **25.00

FILED
2024 APR 26 PM 6:12
SEC
707

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aegis Medical 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:

Ryan Budjak

(Name of Person)

(Firm/Company)

3688 Eloise Street

(Address)

Jacksonville, FL 32205

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Budjak

(Name of Person)

904

at (_____) _____

(Area Code & Daytime Telephone Number)

444-2372

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

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

1. The name of a limited liability company is
Aegis Medical LLC

2. The Articles of Organization were filed on 04/19/2024 and assigned
document number L17000135593

3. The delayed effective date the dissolution if not effective on the date of filing: 04/30/2024
(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.

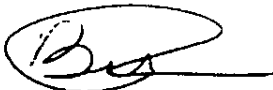
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The business no longer has any operable accounts.

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

3688 Eloise Street

Jacksonville, FL, 32205

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

Ryan Budjak

Printed Name

FILING FEE: \$25.00

2024 APR 26 PM 6:12
FILED