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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

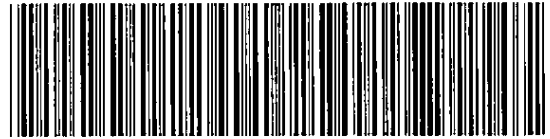
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MAY 16 2023

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SECRETARY OF STATE
2023 MAR -2 PM 3:40
OFFICE OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEC Medical Consulting, 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:

Tracey Cerbone

(Name of Person)

TEC Medical Consulting, LLC

(Firm/Company)

801 S Olive Avenue, unit 1510

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracey Cerbone

(Name of Person)

772

285-1286

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

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

1. The name of a limited liability company is

TEC Medical Consulting, LLC

2. The Articles of Organization were filed on September 21, 2017 and assigned

document number L17000196476

3. The delayed effective date the dissolution if not effective on the date of filing: 02/25/2023

(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).

Lack of revenue

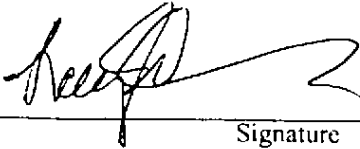
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Tracey Cerbone

801 S Olive Avenue, unit 1510

West Palm Beach, FL 33401

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

Tracey Cerbone

Printed Name

FILING FEE: \$25.00