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COVER LETTER.

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TO:

Registration Section Division of Corporations

ECT. Eximia 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:

Alex R. Stavrou, Esquire

(Name of Person)

Alex R. Stavrou, P.A.

(Firm/Company)

300 South Hyde Park Avenue, Ste 180

(Address)

Tampa, Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Alex R. Stavrou, Esq.

.813

251-1289x1

(Name of Person)

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1.	Eximia Medical, LLC		2019 MAR -8 PM 5: 19	
2.	The Articles of Organization	on were filed on 1/3/2018	and assigned A SSEE, FL	
	document number 1.180000	01712		
3.	Note: If the date inserted in	the dissolution if not effective on the date of filing: February 19, 2019 we date cannot be prior to or more than 90 days later than date document is received for filing) in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.		
4.	A description of occurrence 605,0707, Florida Statutes.	e that resulted in the limited liability co (copy 605.0707 on back cover letter).	ompany's dissolution pursuant to section	
	No longer conducting husines			
5 .	If there are no members, er activities and affairs:	nter the name and address of the person Alex R. Stavrou, Esquire	appointed to wind up the company's	
	activities and arrairs.	Alex R. Stavrou, P.A.		
300 South Hyde Park Avenue, Ste 180				
Tampa, Flori		Tampa, Florida 33606		
6. lis	Signature of an authorized sted above to wind up the co	person or if there are no members, the impany's activities and affairs:	signature of the person appointed and	
	1 Apli	Alex R. Stav	rou, Esquire	
Signature			Printed Name	

FILING FEE: \$25.00