

LI8000129340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

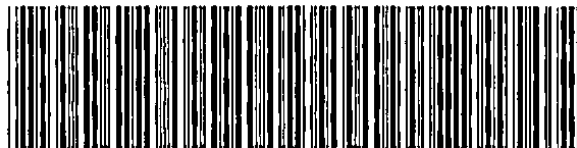
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800324621968

02/27/19--01015--008 **25.00

FILED
2019 FEB 27 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G. 03/05/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key West Medical Enterprises, 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:

Julie M. Purvis
(Name of Person)

Key West Medical Enterprises
(Firm/Company)

4116 Ox Bottom Manor Dr
(Address)

Tallahassee, FL 32312
(City/State and Zip Code)

2019 FEB 27 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

For further information concerning this matter, please call:

Julie M Purvis at (850) 590-5991
(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

1. The name of a limited liability company is

Key West Medical Enterprises, LLC

2. The Articles of Organization were filed on 5/23/2018 and assigned

document number L18000129340

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

It has remained dormant with no activity.

2018 FEB 27 PM 4:02
SECRETARY OF STATE
TALLAHASSEE FL ORIGIN

AND
FILED

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

Julie M Purvis
6116 Ox Bottom Manor Dr
Tallahassee
FL 32312

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:

Julie M. Purvis
Signature

Julie M. Purvis
Printed Name

FILING FEE: \$25.00