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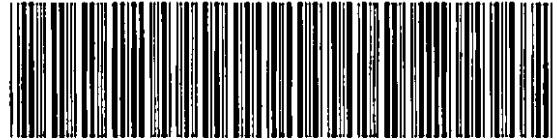
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2018 JUN 19 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UCS  
0621-18



**Michael A. Bozzuto**  
275 Schoolhouse Road  
Cheshire, CT 06410

June 1, 2018

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

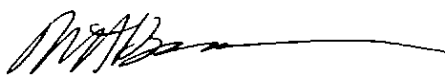
To Whom It May Concern:

Please be advised that on Friday, Jun 1, 2018, I was contacted by Bank of America regarding a fraudulent attempt to open a business credit card using my personal information. After speaking to the Bank of America representative, it was determined that an individual, using your online site, falsely applied for and was granted an LLC using my personal information.

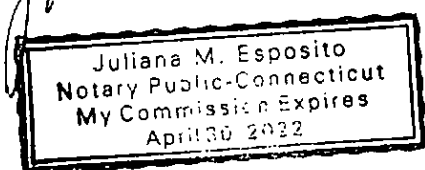
I have made a statement to the police department and was informed to contact your offices to inform you of this fraud and that you would pursue and criminally charge the offending person(s).

Although I find it maddening that I have to pay to dissolve an entity that was formed without my knowledge or consent, I have filled out the appropriate dissolution form and have included the payment. I would like this letter to stay on file with the dissolution information.

Thank you,

  
Michael A. Bozzuto

State of CT, County of New-Haven  
Before me, Juliana M Esposito, on this  
day personally appeared Michael A. Bozzuto to be  
the person whose name is subscribed to the foregoing  
instrument and acknowledged to me that he executed  
the same for the purposes and consideration therein  
expressed. Given under my hand and seal  
of office this first day of June 2018.



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOZZUTOM MEDICAL TRANSPOR L.L.C.  
(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:

Michael A. Bozzuto  
(Name of Person)

Bozzuto's Inc.  
(Firm/Company)

275 Schoolhouse Road  
(Address)

Cheshire CT 06410  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Esposito at (203) 250-5105  
(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

BOZZUTOM MEDICAL TRANSPD L.L.C.

2. The Articles of Organization were filed on May 25, 2018 and assigned

document number L18000130901

3. The delayed effective date the dissolution if not effective on the date of filing: May 25, 2018  
(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).

This LLC was fraudulantly filed without  
my knowledge using identity theft.

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

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TALLAHASSEE, FLORIDA

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]  
Signature

Michael A. Bozzuto  
Printed Name

**FILING FEE: \$25.00**