

121000522061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

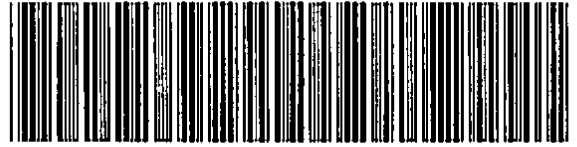
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500377853135

Effective Date 01/01/20

12/17/21--01017--024 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

DEC 28 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Device Desings 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:

Nivaldo DeMello

(Name of Person)

(Firm/Company)

1300 SW 22 Street, suite 303

(Address)

Miami, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

Nivaldo DeMello

305

8570340

at (

(Area Code & Daytime Telephone Number)

(Name of Person)

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

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TALLAHASSEE, FL

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

1. The name of a limited liability company is

Medical Device Desings LLC

2. The Articles of Organization were filed on December 10, 2021 and assigned

document number L21000522061

3. The delayed effective date the dissolution if not effective on the date of filing: January 01, 2022
(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).

Name misspelled at time of registering

Name misspelled at time of registering

Name misspelled at time of registering

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

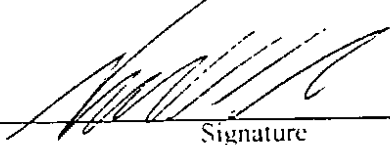
activities and affairs:

Nivaldo DeMello

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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

Nivaldo DeMello

Printed Name

FILING FEE: \$25.00