

L99000009141

(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



400259823034

RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATION
2014 MAY -5 AM 10:45
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2014 MAY -5 AM 11:19
DEPARTMENT OF STATE
EMBASSY OF STATES
TALLAHASSEE, FLORIDA

MAY 06 2014
J. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 117001 7623588

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : May 2, 2014

ORDER TIME : 9:30 AM

ORDER NO. : 117001-010

CUSTOMER NO: 7623588

DOMESTIC FILINGS

NAME: MEDIISYS CONSULTING, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 52925

EXAMINER'S INITIALS:

FILED
2014 MAY -5 AM 11:19
CLERK OF COURT
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
MEDIISYS CONSULTING, LLC
2. The Articles of Organization were filed on 12/22/1999 and assigned
document number L99000009141
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)
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).
No longer conducting business due to health related issues

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Larry R. Ware
13764 Sachs Ave
Orlando, FL 32827

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:

Larry Ware

Signature

Larry Ware

Printed Name

FILING FEE: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -5 AM 11:19

FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: MEDIISYS CONSULTING, LLC

Document number of Limited Liability Company is: _____

Date of dissolution was: L99000009141

Description of information that must be included in a written claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Larry Ware

Printed Name of the Person Filing

Larry Ware

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

2014 MAY -5 AM 11:19
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED