

MO4000004364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

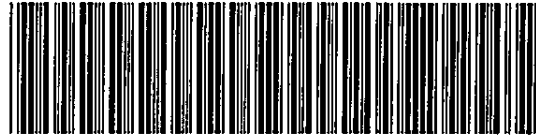
MO4-4364

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NRC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunshine Medical Equipment & Supplies 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:

P. S. VASANTHA NAIR  
(Name of Person)

(Firm/Company)

P.O. Box 494530  
(Address)

PORT CHARLOTTE FL 33949  
(City/State and Zip Code)

For further information concerning this matter, please call:

P. S. VASANTHA NAIR at ( 941 ) 457-1142  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

SUNSHINE MEDICAL EQUIPMENT & SUPPLIES LLC

(Name of limited liability company)

OKLAHOMA, FL

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

P.O. Box 494530

(Mailing address)

Port-Charlotte FL 33949

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

P.S. Vasanthan

(Signature of member or authorized representative of a member)

P.S. VASANTHA NACR

(Typed or printed name of signee)

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07 APR -5 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00