

P2 0000075203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RECEIVED
2020 OCT 26 PM 2:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 OCT 26 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILE 2ND

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2020

CSC

RESUBMIT
Please give original
submission date as file date

SUBJECT: LAB DIAGNOSTICS LLC
Ref. Number: P20000075203

We have received your document for LAB DIAGNOSTICS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document number has to match with the business name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 320A00021332

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 467673 4144K

AUTHORIZATION :

COST LIMIT : \$ ~~25.00~~ 35.00

ORDER DATE : October 23, 2020

ORDER TIME : 12:28 PM

ORDER NO. : 467673-005

CUSTOMER NO: 4144K

DOMESTIC AMENDMENT FILING

NAME: LAB DIAGNOSTICS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAB DIAGNOSTICS LLC

DOCUMENT NUMBER: P20000075203

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda H. Autrey, Paralegal

(Name of Contact Person)

Holland & Knight LLP

(Firm/Company)

1180 West Peachtree Street, NW, Suite 1800

(Address)

Atlanta, GA 30309

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda H. Autrey

at (404-644-0190)

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|---|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
LAB DIAGNOSTICS LLC

SECOND: The document number of the corporation (if known): P20000075203

THIRD: The date dissolution was authorized: October 15, 2020


Effective date of dissolution if applicable: upon filing
(no more than 90 days after dissolution file date)

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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

No shares have been issued. Articles of Incorporation were filed in error.

There are no shareholders.

Signature: 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Humberto Buniotto, Incorporator

(Typed or printed name of person signing)

CEO

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Lab Diagnostics LLC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: October 15, 2020

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Name and Address, telephone number and email address of Claimant.

Written evidence of amount and nature of claim.

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

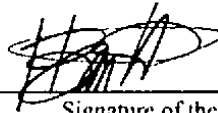
1515NW 167th Street

Miami Gardens, FL 33169

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

Humberto Buniotto

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00