



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/21/2017	201711104392	Dissolution/Limited Liability Company (LDS)	50.00				0

Receipt

This is not a bill. Please do not remit payment.

SEVIN BAGUIROV BAGUIROV
111 COOPER PL W
DAYTON, OH, 45402

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2323187

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MONTGOMERY MEDICAL HOLDING LLC

and, that said business records show the filing and recording of:

Document(s)

Dissolution/Limited Liability Company

Effective Date: 09/01/2014

Document No(s):

201711104392



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 21st day of April, A.D. 2017.

Jon Husted
Ohio Secretary of State



Form 562 Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 4/21/2017

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

**Certificate of Dissolution of Limited Liability Company/
Cancellation of Foreign Limited Liability Company
Filing Fee: \$50**

(CHECK ONLY ONE(1) BOX)

(1) <input checked="" type="checkbox"/> Domestic Limited Liability Company (For-profit or Nonprofit) (140-LDS)	(2) <input type="checkbox"/> Foreign Limited Liability Company (For-profit or Nonprofit) (131-LFS) Jurisdiction of Formation <input type="text"/>
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Name of Limited Liability Company

If foreign, name of Limited Liability Company in its jurisdiction of formation (if different)

Ohio Registration Number

Complete the information in this section if box (1) is checked.

The Limited Liability Company hereby certifies that the effective date of the dissolution is:

Date

Note: Effective date must be on or before the date of filing.

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company the authority of its registered agent to accept service of process,
 (Please enter 'does revoke' or 'does not revoke') notices and demands on its behalf.

If the authority of the agent is **revoked** then please provide the address to which a person may mail copy of any process,
 notice, or demand against the company is:

Mailing Address

City State ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio secretary
 of state of such change.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

MONTGOMERY MEDICAL HOLDING LLC

Signature

SEVIN BAGUIROV

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

MONTGOMERY MEDICAL HOLDING LLC was never used, never had an EIN number, never had a bank account, never had debts or revenues, and was not needed.