

LO7000106359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

LO7-106359

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100163118041

11/30/09--01070--014 **52.50

100163118041
12/15/09--01002--008 **7.50

FILED
09 DEC 15 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2009

ANNABELL TORRES
9364 MUSTARD LEAF DRIVE
ORLANDO, FL 32827

SUBJECT: AGELESS MEDICAL CARE, LLC
Ref. Number: L07000106359

We have received your document for AGELESS MEDICAL CARE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 209A00037009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ageless Medical Care
(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:

Annabell Torres
(Name of Person)
Ageless Medical Care
(Firm/Company)
9304 Mustard Leaf Drive
(Address)
Orlando, FL 32827
(City/State and Zip Code)

For further information concerning this matter, please call:

annabell Torres at (407) 963.9181
(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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
09 DEC 15 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ageless Medical Care LLC

2. The Articles of Organization were filed on 10-08-2007 and assigned document number

207000106359 (OCT. 18. 2007)

3. The date the dissolution was approved: 7.7.2008

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

uncontinued business.

5. CHECK ONE:

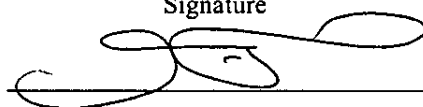
- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name
ANNABELL TORRES.

FILING FEE: \$25.00