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**EXAMINER** 



ACCOUNT NO. : 072100000032
REFERENCE : 821535 7390554 20 8
AUTHORIZATION :
COST LIMIT : \$ 25.00
ACCOUNT NO. : 072100000032  REFERENCE : 821535 7390554  AUTHORIZATION : The black of the control
ORDER TIME: 8:41 AM
ORDER NO. : 821535-130
CUSTOMER NO: 7390554
DOMESTIC FILINGS
NAME: NORTH REHABILITATION CARE, LLC
XX ARTICLES OF DISSOLUTION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Doreen Wallace - EXT# 2928
EXAMINER'S INITIALS:

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

A LIMITED LIABILITY COMPANY  1. The name of a limited liability company is  North Rehabilitation Care, LLC	ARTICLES	OF DISSOLUTION
2. The Articles of Organization were filed on	A LIMITED L	FOR IABILITY COMPANY
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A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statules, (copy 608.441 on back cover letter).  Sole managing member (Extendicare Health Facilities, Inc.) has directed the dissolution of this limited liability company (see attached).  5. CHECK ONE:  All debts, obligations and liabilities of the limited liability company have been paid or discharged.  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.  Natures of the members having the same percentage of membership interests necessary to approve the dissolution signature.  Printed Name  Roch Carter, Director and Vice President	North Renabilitation Care, LLC	
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