

A060000000815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

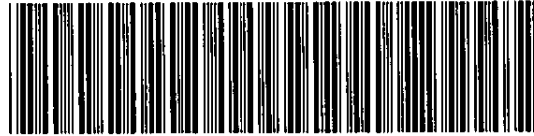
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
13 DEC -9 AM 11:04

FILED  
2013 DEC -9 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2013  
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 912793 5011226

AUTHORIZATION :

COST LIMIT : \$52.50

*[Handwritten signature]*

ORDER DATE : December 6, 2013

ORDER TIME : 4:31 PM

ORDER NO. : 912793-005

CUSTOMER NO: 5011226

DOMESTIC FILINGS

NAME: DEVELOPMENTAL SERVICES, LTD.

EFFECTIVE DATE: 12/31/2013

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

**CERTIFICATE OF DISSOLUTION  
FOR  
DEVELOPMENTAL SERVICES, LTD.**

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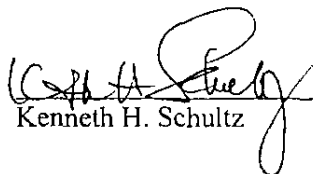
Pursuant to the provisions of section 620.1203, Florida Statutes, DSI Interim Healthcare, Ltd., a Florida Limited Partnership (the "Partnership"), whose certificate was filed with the Florida Department of State on June 27, 2006 and assigned Florida document number A06000000815, hereby submits this Certificate of Dissolution.

**FIRST:** This certificate is being filed because all of the Partners of the Partnership have agreed to dissolve the Partnership in accordance with the applicable provisions of the Partnership's Agreement of Limited Partnership.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached)

**THIRD:** Effective date: December 31, 2013.

**SOLE GENERAL PARTNER:**

  
Kenneth H. Schultz

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2013 DEC -9 AM 10:20  
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TALLAHASSEE, FLORIDA

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$ 8.75

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership provided in s. 620.1807, F.S.

**Name of Dissolved Limited Partnership:**

Developmental Services, Ltd.

Description of information that must be included in a claim:

Name of Claimant  
Address of Claimant  
Description of Claim  
Amount of Claim

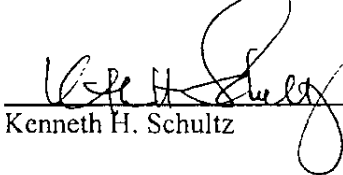
**Mailing address where claims can be sent:**

1890 State Road 436, Suite 300  
Winter Park, Florida 32792

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

**Signature of a general partner or a principal of the successor entity:**

**SOLE GENERAL PARTNER:**

  
Kenneth H. Schultz

**FEE: No charge if included with Certificate of Dissolution. If filed separately, \$52.50**

**FILED**  
2013 DEC -9 AM 10:20  
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TALLAHASSEE, FLORIDA