

L00000010490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600016107516

04/23/03--01039--013 **30.00

FILED
03 APR 23 AM 10:12
FALL HASSELL CORP.

One Stop Health Shoppe, LLC

1805 Copeland Street, Suite 200

Jacksonville, FL 32204

P (904) 355-1831

F (904) 355-1832

April 17, 2003

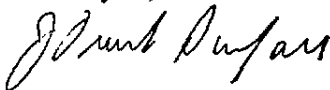
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 59-3664941

To Whom It May Concern:

Please dissolve the above referenced Limited Liability Company. The Articles of Dissolution are enclosed with a check for the \$25 Filing Fee and \$5 for a Certificate of Status.

Thank you,



J. Frank Surface, Jr.
Registered Agent
Community Resource Systems, Inc., Managing Member

FILED
03 APR 23 AM 10:12
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is One Stop Health Shoppe,
LLC

2. The effective date of the limited liability company's dissolution is 5/1/03

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

The above referenced company is no longer
in business.

4. **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.

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

6. **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

J. Frank Surface

Typed or Printed name

J. Frank Surface, Registered Agent

Filing Fee: \$25.00