01000003153

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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ACCOUNT NO. : I2000000195

REFERENCE : 755802 7806023

AUTHORIZATION :

COST LIMIT :

ORDER DATE: August 7, 2013

ORDER TIME : 3:15 PM

ORDER NO. : 755802-025

CUSTOMER NO: 7806023

DOMESTIC FILINGS

NAME:

CARESERVICES OF SOUTH FLORIDA,

LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY __ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	ar t
CareServices of South Florida, LLC	
2. The Anicles of Organization were filed on 3/1/200 L01000003153	01 and assigned document number
3. The date the dissolution was approved: Au	gust 7, 2013
4. A description of occurrence that resulted in the limite 608.441. Florida Statutes, (copy 608.441 on back cov Written consent of all members of the	d liability company's dissolution pursuant to section er letter).
willen consent of all members of the	e infined liability company.
5. CHECK ONE:	
	nited liability company have been paid or discharged.
	bis, obligations and liabilities pursuant to s. 608,4421.
 All remaining property and assets have been distribute rights and interests 	ed among its members in accordance with their respective
7. CHECK ONE:	·
There are no suits pending against the compa	ny in any court.
Adequate provision has been made for the sat entered against it in any pending suit.	disfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of m	nembership interests necessary to approve the dissolution:
Signaturé	Printed Name
marian squentaux	Maxine Hochhauser, CEO, Mobile Medical Industries, In
A Company of the Comp	
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