## L0/000003761

(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:			





600029222546

02/25/04--01055--006 \*\*25.00

## ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	Nurse Staffing of Tampa, LLC	<del></del>
2. The effective date of the limited liability con	npany's dissolution is 03/01/2004	
3. A description of the occurrence that resulted 0section 608.441, Florida Statutes, (copy of		pursuant to
Business closed.		
4. CHECK ONE:  2 All debts, obligations and liabilities of the li -OR-		
<ul> <li>Adequate provision has been made for the d</li> <li>All remaining property and assets have been respective rights and interests.</li> </ul>		
<ul> <li>6. CHECK ONE:</li> <li>There are no suits pending against the comp</li> <li>OR-</li> </ul>	any in any court.	
Adequate provision has been made for the s be entered against it in any pending suit.	atisfaction of any judgment, order or decree, w	which may
Signatures of the members having the same per dissolution:	rcentage of membership interests necessary to	approve the
Signature	Typed or Printed name	S CONTE
	Felix Cristello, Managing Member	REGRATIONS AM II: 50

Filing Fee: \$25.00