

L010000004061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

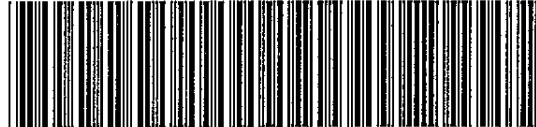
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900029222519

02/25/04--01055--003 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04/19/05 AM 10:50

W 03/08/04

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

1. The name of the limited liability company is Nurse Staffing of Lakeland, LLC

2. The effective date of the limited liability company's dissolution is 03/01/2004

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).

Business closed.

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

Typed or Printed name

Felix Cristello, Managing Member

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAR 05 AM 10:50

**Filing Fee: \$25.00**