## 1/01/00/00/04/527

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SECRETARY OF STATE
DIVISION OF CORFORATION



## **COVER LETTER**

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SUBJI	sci: <u></u>		imited Liability Company)			
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	Felix	Cristello				
			(Name of Person)		2006	SIAIC
Nurse Staffing Temp Management, LLC						SECRETARY OF STATE DIVISION OF CORPORATION
			(Firm/Company)		2006 APR 13 PM 2: 02	ARY C
	1131	Arbor Hill Circle	(Address)		PH 2	POR/
			(Address)		?: 02	ATE
	Minr	eola, FL 34715	y/State and Zip Code)			·
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For fu	rther information	concerning this matter, please	call:			
Felix Cristello			at (407 ) 325-9239			
		(Name of Person)	(Area Code & Daytime	Telephone Number	)	
Enclose	ed is a check for the	e following amount:				
<b>☑</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Sta Certified Copy (additional copy	itus &	cd)
	Regi Divi P.O.	SLING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	ction porations	ess:	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

Nurse Staffing Temp Management, LLC  2. The Articles of Organization were filed on 03/23/2001 and assigned document number 101000004527  3. The date the dissolution was approved: 12/31/2004  4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).  Company ceased operations and per operating agreement managing member is dissolving it.  5. CHECK ONE:  All debts, obligations and liabilities of the limited liability company have been paid or dischased.  All deducate provision has been made for the debts, obligations and liabilities pursuant to s. 602 212 61 61 61 61 61 61 61 61 61 61 61 61 61	1. The name of a limited liability company is		
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Felix Cristello	Signature		Printed Name
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FILING FEE: \$25.00