

L01000006412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

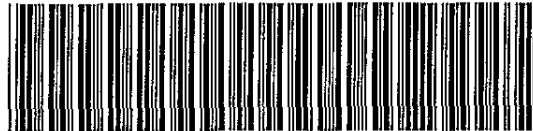
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400029222564

02/25/04--01055--007 **25.00

L03/08/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -5 AM 11:56

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

1. The name of the limited liability company is Nurse Staffing Management of Florida, 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
0section 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.

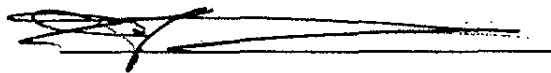
-OR-

☐ 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

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 02 AM 11:56