

L01000012602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

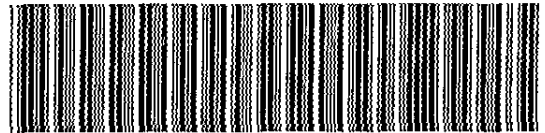
(Business Entity Name)

(Document Number)

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09/22/03--01032--015 **25.00

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2003 OCT 28 PM 2:04
TALLAHASSEE, FLORIDA

J. BRYAN OCT 29 2003

NOBLE HEALTHCARE, LLC

**P. O. BOX 767303
ROSWELL, GA 30076
770/551-8136 OFFICE
770/551-8132 FAX**

September 18, 2003

RE: NOBLE HEALTHCARE, LLC - FEI 58-2639459

To Whom It May Concern:

For the above referenced entity, please find enclosed the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida and a check in the amount of \$25 for applicable filing fees.

Sincerely,



Alan C. Dahl
Manager

ACD/lab

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2003 OCT 28 PM 2:04
CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 25, 2003

ALAN C. DAHL
NOBLE HEALTHCARE, LLC
PO BOX 767303
ROSWELL, GA 30076

SUBJECT: NOBLE HEALTH CARE, LLC
Ref. Number: L01000012602

We have received your document for NOBLE HEALTH CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You've completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. *See attached*

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 503A00052881

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2003 OCT 28 PM 2:11
TALLAHASSEE, FLORIDA

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

1. The name of the limited liability company is Noble Healthcare, LLC

2. The effective date of the limited liability company's dissolution is 12/31/02

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).

Cease activity

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. 608.441.

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

Alan C. Dahl

Typed or Printed name

Alan C. Dahl

Filing Fee: \$25.00