

L01000013375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

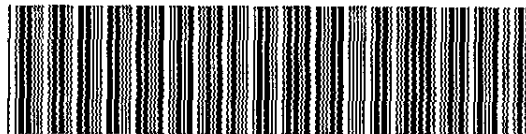
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2003 OCT 28 PM 2:02
TAMPA REGISTRATIONS
TALLAHASSEE, FLORIDA

J. BROWN OCT 29 2003

SHAWNEE HEALTHCARE MANAGEMENT, LLC

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

September 18, 2003

RE: SHAWNEE HEALTHCARE MANAGEMENT, LLC - FEI 58-2642938

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 2:02
CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 25, 2003

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

SUBJECT: SHAWNEE HEALTH CARE MANAGEMENT, LLC
Ref. Number: L01000013375

FILED
2003 OCT 28 PM 2:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SHAWNEE HEALTH CARE MANAGEMENT, 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 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: 603A00052879

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

1. The name of the limited liability company is Shawnee Healthcare
Management, 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
Osection 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Cease exist. Tx

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

Alan C. Dahl

Typed or Printed name

Alan C. Dahl

Filing Fee: \$25.00