

LO1000016430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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04 APR 23 04 5:00

TRANSMITTAL LETTER

April 12, 2004

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

From: James L. Pruden, PA
370 W. Camino Gardens Blvd., Suite 210
Boca Raton, FL. 33432
Phone 561 417-4644

SUBJECT: Dissolution of COMPLETE PROPERTY CARE, LLC
L01000016430

Enclosed please find the following:

1. The original and one copy of Articles of Dissolution
2. A check in the amount of \$25.00 for the filing fee

If you have any questions, please feel free to contact me at the above address or phone number.

Sincerely,



James L. Pruden, Esq.

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

1. The name of the limited liability company is Complete Property Care, LLC
2. The effective date of the limited liability company's dissolution is the date of filing of these Artic
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).

Written consent of all members of the company to dissolve
pursuant to Fla Stat. 608.441(c)

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.

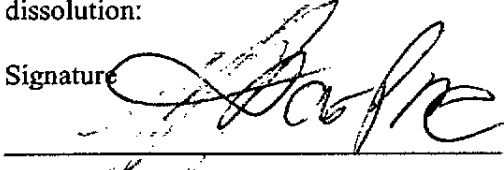
5. All remaining property and assets have been distributed among its members in accordance with their
respective rights and interests.

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

Gary Brown, President, Preferred Physicians
Management Services,

Filing Fee: \$25.00

04 APR 23 PM 5:01

FILED