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09/06/06--01004--001 **25.00 完备 SEP -6

-6 AM 10: 48

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CSI Health Core, LLC. (Name of Limited Liability Company)	- · -
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pan Beinby (Name of Person)	06 SF
Consulting Solutions International, Inc. (Firm/Company)	OF SEP -6 MIN: 48
3512 Macay Blvd. (Address)	HE STATE
Tallahassee FL 32312 (City/State and Zip Code)	F
For further information concerning this matter, please call:	
Paya Bembry at (850) 205-211 (Area Code & Daytime Telephone Number	Cs4, 210
Enclosed is a check for the following amount: Second Filing Fee	atus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability	company is		
CSI Health	ware lie		
2. The Articles of Organization wer		9/2002 an	d assigned document number
3. The date the dissolution was appr	roved: 12/31/2	005	. .
4. A description of occurrence that 608.441, Florida Statutes, (copy	resulted in the limited lia 608.441 on back cover le	bility company's dissolutter).	ution pursuant to section
(1) (c) written a	consecut of a	Il recubers	128 V
			- <u> </u>
	, , , , , , , , , , , , , , , , , , , ,		7.0
5. CHECK ONE:	···		9
 6. All remaining property and asset rights and interests. 7. CHECK ONE: There are no suits pending of the control of the control	s have been distributed an	nong its members in acc	es pursuant to s. 608.4421. cordance with their respective and the second seco
Signatures of the members having the	same percentage of memb	pership interests necessa	ry to approve the dissolution
Signature	2	Chomas SCALE W	inted Name H. Eduxyds Fisher u
latt Dung		Themes #	W. Divises

FILING FEE: \$25.00