

LO2000027287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

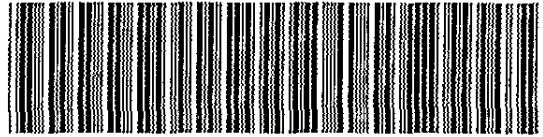
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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~~LO2-27287~~

03 APR - 9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

JB
4-9-03

Cover Letter for Dissolution of Professional Healthcare Services, LLC

The additional fee for a certified copy and a certificate of status is included.

Anthony Serpico
15881 North Wind Circle
Sunrise, FL 33326

954-349-2494

03 APR -9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 24, 2003

ANTHONY SERPICO
15881 NORTH WIND CIRCLE
SUNRISE, FL 33326

SUBJECT: PROFESSIONAL HEALTHCARE SERVICES, LLC
Ref. Number: L02000027287

We have received your document for PROFESSIONAL HEALTHCARE SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the dissolution must be prior to the date we receive the document. We received it on March 20, 2003. Please correct the document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 203A00017779

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR - 9 PM 2: 22

APPROVED
AND
FILED

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

1. The name of the limited liability company is PROFESSIONAL HEALTHCARE SERVICES, LLC

2. The effective date of the limited liability company's dissolution is MARCH 25, 2003

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).

THE WRITTEN CONSENT OF ALL OF THE MEMBERS TO DISSOLVE THE COMPANY

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

Anthony Serpico
Renzo Luzzatti

Typed or Printed name

ANTHONY SERPICO
RENZO LUZZATTI