

LD2000033123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

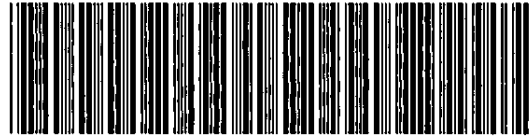
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE
SEP 11 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NHC HealthCare/Orlando, 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:

Ann S. Benson

(Name of Person)

NHC/OP, L.P.

(Firm/Company)

P. O. Box 1398

(Address)

Murfreesboro, TN 37133-1398

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
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For further information concerning this matter, please call:

Ann S. Benson

(Name of Person)

at (615) 890-2020
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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
NHC HealthCare/Orlando, LLC

2. The Articles of Organization were filed on December 3, 2002 and assigned document number
L02000033123

3. The date the dissolution was approved: September 6, 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Limited liability company never commenced business. Consent given by all members to dissolve effective
upon filing of the Articles of Dissolution with Florida Secretary of State.

5. 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. 608.442

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

7. 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

Ann S. Benson

Printed Name

NHC/OP, L.P., Sole Member
By: NHC/Delaware, Inc., Its Gen. Partner
By: Ann S. Benson, Corp. Secretary

APPROVED
AND
FILED

12 SEP 10 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL 32310