

L020000033133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

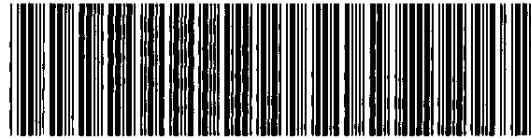
Special Instructions to Filing Officer:

**A. LUNT**

MAR 31 2010

**EXAMINER**

Office Use Only



000199488760

03/29/11--01023--011 \*\*25.00

2011 MAR 29 PM 1:44  
ALABAMA SECRETARY OF REVENUE

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NHC HealthCare/Daytona Beach, 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/Delaware, Inc.  
(Firm/Company)

100 E. Vine Street, Suite 1400  
(Address)

Murfreesboro, TN 37130  
(City/State and Zip Code)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2011 MAR 29 PM 1:44

FILED

For further information concerning this matter, please call:

Ann S. Benson at ( 615 ) 890-2020  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> 30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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/Daytona Beach, LLC

2. The Articles of Organization were filed on December 3, 2002 and assigned document number L02000033133

3. The date the dissolution was approved: March 15, 2011

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 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. 608.4421.

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

Printed Name

Ann S. Benson  
Michael Ussery  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NHC/Delaware, Inc., Member

By: Ann S. Benson, Secretary

NHC/OP, L.P., Member, By its G.P.: NHC/Delaware, Inc.

Michael Ussery, Vice President  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**