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J. BRYAN

FEB 1 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRADITION HEALTH & F	FITNESS, LLC
	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subr	to the following:
Please return all correspondence concerning this matter	to the following:
J. PAUL FANNING, ES	Q. Name of Person) ARRY OF STATION PLORE OF STATION OF STATION
0	Name of Person)
CORE COMMUNITIES,	LLC PARTY
	Firm/Company)
10521 SW VILLAGE CE	ENTER DRIVE, SUITE 201
	(Address)
PORT ST. LUCIE, FLOI	RIDA 34987
(City/	State and Zip Code)
For further information concerning this matter, please concerning the please concerning this matter, please concerning the	all:
J. PAUL FANNING, ESQ.	at / 772 \ 340-3500
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: 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:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

and assigned document number y's dissolution pursuant to section
RIDA
y's dissolution pursuant to section
y's dissolution pursuant to section
pany have been paid or discharged. d liabilities pursuant to s. 608.4421. bers in accordance with their respective digment, order or decree which may be
ts necessary to approve the dissolution:
Printed Name
es H. Anderson Executive Vice Preside