103000003922

(Re	equestor's Name)	
(Ad	ldress)	····
(Ad	dress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



000089256790

03/01/07--01032--016 **25.00

ECKETARY OF STATIOHS

DIVISION OF CORPORATIOHS

O7 MAR -1 AM 11: 42

COVER LETTER

DIVERSION OF THE PROPERTY OF T
3 3 3 3 3 3 3 3 3 3
FARY PROSE
THE CONTROL
OT MAR - 1 AH 11: 42
12
r)
Fee, atus & v 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 SMF OF INDIAN RIVER COUNTY, LLC	OT M
2. The Articles of Organization were filed on 2/3/2003 L03000003922	and assigned document numbers
3. The date the dissolution was approved: 1/11/2007	1: t2
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover l All assets and company holdings have	
the Members of the LLC.	
5. CHECK ONE:	
	, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distributed a rights and interests.	among its members in accordance with their respective
7. CHECK ONE: There are no suits pending against the company -OR- Adequate provision has been made for the satisficentered against it in any pending suit.	in any court. Taction of any judgment, order or decree which may be
signatures of the members having the same percentage of mem	nbership interests necessary to approve the dissolution:
Signature	Printed Name
Schill)	Michael J. Matakaetis
	Joel L. Prince tol Junio
HOURS STON	Howard E. Googe, Jr.
	