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04/27/05--01014--003 **25.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MEDICAL OFFICE SOLUTIONS, LLC (Name of Limited Liability Company)			
(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:			
SHERRY CULP (Name of Person)			
(Name of Person)			
MEDICAL OFFICE SOLUTIONS, LLC (Firm/Company)			
603 CASA PARK CT M (Address)			
WINTER SPRINGS FL 32708 (City/State and Zip Code)			
(City/State and Zfp Code)			
For further information concerning this matter, please call:			
SHERRY CULP at (407) 977 - 7808 9			
For further information concerning this matter, please call: SHERRY CULP (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:			
The state of the s			
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is	
MEDICAL OFFICE SOLUTI	ONS, LLC
MEDICAL OFFICE SOLUTI 2. The date the dissolution was approved: 10/01	12004
3. A description of the occurrence that resulted in the section 608.441, Florida Statutes, (copy of 608.44	
WAITTEN CONSENT OF AL	L MEMBERS OF THE
LIMITED LIABILITY COMPANY	ď
4. CHECK ONE: All debts, obligations and liabilities of the limited -OR- Adequate provision has been made for the debts, of	liability company have been paid or discharged.
5. All remaining property and assets have been distrirespective rights and interests.	
6. CHECK ONE: There are no suits pending against the company in any court.	
Adequate provision has been made for the satisfact be entered against it in any pending suit.	etion of any judgment, order or decree which may
Signatures of the members having the same percenthe dissolution:	tage of membership interests necessary to approve
Sherry Colp	Typed or Printed name SHERRY CULP

Filing Fee: \$25.00