Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBA

Account Number: 073707002173

Fax Number

Phone : (954) 966-2112 : (954)981-1605

## LLC DISS/WITH OR REV DISS

PRO-MED MANAGEMENT, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

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DEC 2 9 2008

**EXAMINER** 

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is  Pro-Med Management, L.L.C.			
2. The Articles of Organization were filed on March	and assigned document number		
3. The date the dissolution was approved: Decemb	er 22, 2008		
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).		
written consent of all of the members of	dissolved and its affairs concluded upon the of the Limited Liability Company.		
	-1 12		
OR-Adequate provision has been made for the d	mited liability company have been pald or discharged.		
7. CHECK ONE:  There are no suits pending against the comp	LLCPACE AS		
ignatures of the members having the same percentage of	membership interests necessary to approve the dissolution:		
Signature /	Printed Name		
at 2 di	Thomas L. Grossjung		
Sauce	Parnela Grossjung		

FILING FEE: \$25.00

P.O. Box 6327

Tallahassee, FL 32314

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Pro-Med Management, L.L.C	\ <b>/</b> •			
	Liability Company)	·	·	
The enclosed Articles of Dissolution and fee(s) are submitted.  Please return all correspondence concerning this matter to the	•	·		
Mitchell F. Green				
(Name	of Person)			
Kramer Green Zuckerman		ichsbaum, P.A.		
(Firm/C	Company)		2008 SE TAL	
4000 Hollywood Boulevard		outh	CRE CAFE	
Hollywood, Florida 33021	ldress)		2008 DEC 24 SECRETARY	-
	and Zip Code)		E. A	3000
For further information concerning this matter, please call:			Y OF STATE SEE, FLORIDA	S.
Mitchell F. Green	_ <sub>st</sub> ( 954 )	966-2112		
(Name of Person)	(Area Code	& Daytime Telephone Numb	ier)	
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	•	Status &	
MAILING ADDRESS: Registration Section Division of Corporations	Registra	T/COURIER ADDR tion Section t of Corporations	tess:	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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