

L030000 11294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

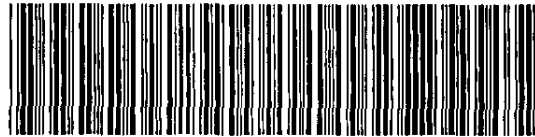
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700248519697

RECEIVED
DEPARTMENT OF STATE
13 JUN 25 PM 1:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 25 AM 7:24

JUN 26 2013

T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 701533 7806023

AUTHORIZATION

COST LIMIT : \$ 25.00

[Handwritten signature]

ORDER DATE : June 25, 2013

ORDER TIME : 11:43 AM

ORDER NO. : 701533-010

CUSTOMER NO: 7806023

DOMESTIC FILINGS

NAME: CARESERVICES OF CENTRAL
FLORIDA, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JUN 25 AM 7:24

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
CareServices of Central Florida, LLC

2. The Articles of Organization were filed on 03/28/2003 and assigned document number
L03000011294

3. The date the dissolution was approved: June 11, 2013

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).

Written consent of all members of the limited liability company.

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

Maxine Hochhauser

Printed Name

Maxine Hochhauser, CEO, Mobile Medical Industries, Inc.

FILING FEE: \$25.00