L03000017803

•	
	(Requestor's Name)
•	
· · ·	(Address)
	(Address)
	(City/State/Zip/Phone #)
\searrow	
PICK-L	JP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
. —	—
<u> </u>	/////////////////////////////////
	ns to Filing Officer:
La	Il When
}	Ready
	ready
	521-1387
1	321-1587

Office Use Only



000052037570

05/02/05--01024--024 **25.00

FILED

05 MAY -2 AM 7:25

SECRETARY OF STATE

RECEIVED

OS MAY -2 PM 2: 20

DISPONDING CORPORATION

TRANSMITTAL LETTER

	ration Section on of Corporations			
SUBJECT:	MEDICAL	STAFFING	VENTURES, L.L.	· · · · · · · · · · · · · · · · · · ·
			ited Liability Company)	要多
The enclosed Ar	rticles of Dissolution	and fee(s) are submit	ted for filing.	05 MAY -2 MA 7: 25 RECIPEINT OF STATE RECIPEINT OF FLORE
Please return all	correspondence con	cerning this matter to	the following:	TEST TO
	FREDE	FRICK L.	BATEMAN	ORIUM STEE
		(Na	me of Person)	
	BATEMA	N HARDEN	7. P.A.	
		(Fig	rm/Company)	
	200 €.	PARK A	vE.	
•		PARK A	(Address)	
	TALLA	HASSEE, F	د 323 ه ۱	
		(City/Si	ate and Zip Code)	
For further infor	mation concerning t	nis matter, please call:	:	,
L	INDA MARI (Name of	E	at (\$50	1-1387
<u> </u>	(Name of	Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	ck for the following an	ount:		
2 \$25.00 Filing 1	Fee) Filing Fee & ificate 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)

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

ATLONIA III TED DIAMETER CONTINUE TO THE PARTY OF THE PAR
1. The name of the limited liability company is
MEDICAL STAFFING VENTURES, LLC
MEDICAL STAFFING VENTURES, LLC 2. The date the dissolution was approved: 05/02/05
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
MEMBER DECISION TO DISSOLVE COMPANY AND
DISCONTINUE OPERATIONS PURSUANT TO F.S. 608.441 (c)
 4. 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. 5. All remaining property and assets have been distributed among its members in accordance with the
respective rights and interests.
6 CHECK ONE: There are no suits pending against the company in any court.
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 approach the dissolution
Signature Typed or Printed name FREDERICLE L. BATEMAN J
<u> </u>

Filing Fee: \$25.00