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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: I.V. Plus Nursing LC (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:
Nancy Thompson
(Name of Person)
(Firm/Company)
411 Granada St
(Address)
Fort Pierce, FL 34949
(City/State and Zip Code)
For further information concerning this matter, please call:
Nancy Thompson _{at (} 772) 465-1660
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status & Certificate of Status
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is I.V. Plus Nursing LC					
2. The Articles of Organization were filed on	125/03	and assigned	documen	ıt num	bei
3. The date the dissolution was approved: 1/1/04	<u>.</u>				
4. A description of occurrence that resulted in the limi 608.441, Florida Statutes, (copy 608.441 on back of	ted liability company's	s dissolution pursua	nt to sect	tion	
LC closed.	over letter).		ASE	90	_
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			ESA SSR		45
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5. CHECK ONE:			- TS	<u>'</u>	
All debts, obligations and liabilities of the 1	imited liability compa	ny have been naid o		က္က	
OR- Adequate provision has been made for the	• •	•	1	-	
6. All remaining property and assets have been distributed	_	•			ive
rights and interests.	acci anong its memor	is in accordance wit	ar then it	spect.	110
7. CHECK ONE:					
There are no suits pending against the comp	oany in any court.				
Adequate provision has been made for the sentered against it in any pending suit.	satisfaction of any judg	ment, order or decr	ee which	may l	be
gnatures of the members having the same percentage of	membership interests	necessary to approv	e the dis	solutic	n:
Signature		Printed Name			
$M \sim M_{\odot} \sim M_{\odot}$	Nancy	Thompson			
	randy	mompoon			
\bigvee		•			
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FILING FEE: \$25.00