## L03000053072

(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:			
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Requestor's Name)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Address)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	······································		
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(Address)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(City/State/Zin/Dhone #\	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		(City/State/Zip/r Holle #)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	PICK-UF	WAIT MAIL	
(Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status			
Certified Copies Certificates of Status		(Business Entity Name)	
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
		(Document Number)	
	Cadified Casina	Codification of Otatus	
Special Instructions to Filing Officer:	Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer:			
	Special Instructions to Filing Officer:		

Office Use Only



500143855745

02/23/09--01011--007 \*\*25.00

2009 FEB 23 PM 2: 50 SCORETARY OF STATE

C. LEWIS
FEB 2 4 2009
EXAMINER

## **COVER LETTER**

	ation Section on of Corporations	
SUBJECT:	Philip A. Shelton (Name of L	M.D. J.D. + Associates, Luc imited Liability Company)
The enclosed A	ticles of Dissolution and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter to the following:		
	Philip A.	Shelton (Name of Person)
(Firm/Company)		
	P.D. Box	ちooち8 (Address)
New Orleans, LA 70150-0058  (City/State and Zip Code)		
For further information concerning this matter, please call:		
	Philip A. Shelton (Name of Person)	at (SO4) A31-54AA (Area Code & Daytime Telephone Number)
Enclosed is a chec	k for the following amount:	
\$25.00 Filing F	ee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$40.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2009 FEB 23 PM 2: 50

1. The name of a limited liability company is	SECRETARY OF STATE
Philip A. Shelton, M.	D., J. D. + ASSOCIATAGLAHASSEE. FLORIDA
2. The Articles of Organization were filed on 2	and assigned document number
3. The date the dissolution was approved: \\alpha	31.08
<ol> <li>A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co</li> </ol>	ed liability company's dissolution pursuant to section ver letter).
ho longer in be	coinco
5. CHECK ONE:	
-OR-	mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributing rights and interests.</li></ol>	ted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	any in any court.
Adequate provision has been made for the s entered against it in any pending suit.	atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature 10/0	Printed Name
Shitialhell	Philip A. Shelton
1	•
my for	Judy Gic
<u> </u>	