604000009880

(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:		
LO4-9880 707		

Office Use Only



200034689962

05/03/04--01026--011 **35.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 11, 2004

EDWARD BEDDOW 2539 JARDIN TERRACE WESTON, FL 33327

SUBJECT: INTERNATIONAL HEALTHCARE SOLUTIONS, LLC

Ref. Number: L04000009880

We have received your document for INTERNATIONAL HEALTHCARE SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Letter Number: 104A00032874

Jason Merrick Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: ARTICLES OF DISSOLUTION
DOCUMENT NUMBER: <u>L0400009880</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EDWARD BEDDOW (Name of Person)
INTERNATIONAL HEALTHCARE SOLUTIONS, LL (Name of Firm/Company)
2539 JARDIN TERRACE (Address)
(=====
WESTON, FL 33327 (City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
ABOVE at (954) 384- 1841 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{Certificate of Status}\$ \$43.75 Filing Fee \$\times \text{Certified Copy}\$ \$Certificate of Status \$\times \text{Certified Copy}\$ (Additional copy is enclosed) \$\times \text{Additional copy is enclosed}\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

ARTICLÉS OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

1. The name of the limited liability company is INTERNATIONAL		
HEALTH CARE	SOLUTIONS, LLC	
2. The effective date of the limited liability company's dissolution is		
	ed in the limited liability company's dissolution pursuant to	
THE COMPANY WA	E NEVER USED AND	
THERE ARE NO	PLANS TO DO SO IN	
THE FUTURE.	·	
-OR- Adequate provision has been made for the	limited liability company have been paid or discharged AD debts, obligations and liabilities pursuant to s. 608.4421.	
respective rights and interests.		
6. CHECK ONE:There are no suits pending against the com- OR-	npany in any court.	
	satisfaction of any judgment, order or decree, which may	
Signatures of the members having the same p dissolution:	percentage of membership interests necessary to approve the	
Signature Signature Livary L. Beddow	Typed or Printed name	
	EDWARD L. BEDDOW	