# 10400017124

ž.		
	(Requestor's Name)	
•	(Address)	
		·
1	(Address)	
·		
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
	(Document Number)	
Certified Copies	Certificates of S	Status

Special Instructions to Filing Officer:

L. SELLERS

FEB -1 2008

**EXAMINER** 

Office Use Only



100116222541

01/30/08--01035--009 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO: Registration Section Division of Corporations
*SUBJECT:
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Ross (Name of Person)
Medics Ambulance Service, Inc.
DO BOX 4595 (Address)
Deerfield Beach, FT 33442 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (454) 763 176 x 1206 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Solution Status Secretificate of S

#### 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

2008 JAN 30 PM 3: 18

1. The name of a limited liability company is	J2, L	-LC	SECRET TALLAH	ARY OF S ASSEE, FL	STATE ORIDA
2. The Articles of Organization were filed on	3/4/2001	4	_ and assig	ned docum	ent number
3. The date the dissolution was approved:	25/08	<del></del>			
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on b	ne limited liability contact cover letter).	ompany's di	ssolution pu	rsuant to s	ection
5. CHECK ONE:					, "
All debts, obligations and liabilities of OR-Adequate provision has been made for					
<ol><li>All remaining property and assets have been orights and interests.</li></ol>	distributed among it	ts members i	n accordanc	e with thei	r respective
7. CHECK ONE:					
There are no suits pending against the OR- Adequate provision has been made for entered against it in any pending suit.	or the satisfaction of		ent, order or	decree wh	ich may be
Signatures of the members having the same percent	age of membership	interests nec	cessary to ap	oprove the	dissolution:
Signature			Printed N	ame	
Malcoln M. Cohen	<u> </u>	Malce	olm_	M	Coher
	_				
			<u> </u>	·	
				<del></del>	