

L04000023508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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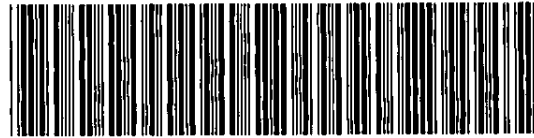
(Business Entity Name)

(Document Number)

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13 AUG - 7 PM 4:18

FILED  
13 AUG - 7 AM 10:14  
TALLAHASSEE, FLORIDA

AUG - 8 2013  
D. BUTLER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 755802 7806023

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 7, 2013

ORDER TIME : 3:16 PM

ORDER NO. : 755802-035

CUSTOMER NO: 7806023

FILED  
13 AUG - 7 AM 10:14  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CARESERVICES OF NORTH FLORIDA,  
LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

AUG - 8 2013  
D. BUTLER

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
CareServices of North Florida, LLC

2. The Articles of Organization were filed on 3/29/2004 and assigned document number  
L04000023508

3. The date the dissolution was approved: August 7, 2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Written consent of all members of the limited liability company.

5. 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.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ 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 approve the dissolution:

Signature

Printed Name

Maxine Hochhauser

Maxine Hochhauser, CEO, Mobile Medical Industries, Inc

FILING FEE: \$25.00