

L04000036719

(Requestor's Name)

(Address)

(Address)

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EXAMINER

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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 222365 7888613

AUTHORIZATION

COST LIMIT : \$25.00

**RESUBMIT**  
Please give original  
submission date as file date.

ORDER DATE : May 30, 2012

ORDER TIME : 3:44 PM

ORDER NO. : 222365-005

CUSTOMER NO: 7888613

*Lyndee*

DOMESTIC FILINGS

NAME: L.A.G. CARE MANAGEMENT, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT# 2920

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
L.A.G. Care Management, LLC

2. The Articles of Organization were filed on May 14, 2004 and assigned document number  
L040000036719

3. The date the dissolution was approved: December 31, 2012

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).

The written consent of all of the members of the limited liability company  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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.

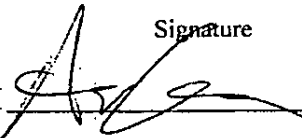
**7. CHECK ONE:**

- ☒ 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

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Avery Goldberg (100%)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FILING FEE: \$25.00**