

W04000049415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

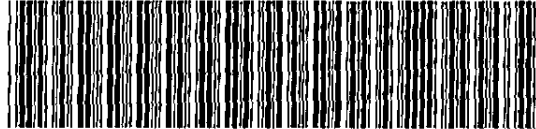
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Springs Medical LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Howard Flagg
(Name of Person)

Palm Springs Medical LLC.
(Firm/Company)

685 Palm Springs Drive Suite 1-C
(Address)

Altamonte Springs, FL 32701
(City/State and Zip Code)

For further information concerning this matter, please call:

John Howard Flagg at (813) 684-7637
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2-15-05

Michael Fox
2071 Eagles Rest Dr
Apopka, FL 32712

To whom it may concern,

Enclosed you will find the forms necessary to dissolve Palm Springs Medical LLC. If you should need any further assistance, please contact me at 407-814-0494.

Thank you,

Michael Fox

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

1. The name of the limited liability company is

Palm Springs Medical

2. The date the dissolution was approved: FEBRUARY 15, 2005

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

PARTNERS TO PURSUE DIFFERENT OBJECTIVES

4. **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.

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

6. **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

[Signature]
[Signature]

Typed or Printed name

John Howard Flagg
MICHAEL W. FOX

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Filing Fee: \$25.00