

#L04000056178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

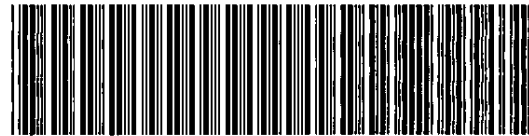
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400209095904

06/20/11--01014--011 \*\*25.00

דבר

11 JUN 20 PM 12:06

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**K. SALY**  
**EXAMINER**

JUN 22 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, 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:

Carl J Davis

(Name of Person)

ARRAY HEALTHCARE FACILITIES SOLUTIONS, INC

(Firm/Company)

2520 Renaissance Blvd. Suite 110

(Address)

King of Prussia, Pa 19406

(City/State and Zip Code)

For further information concerning this matter, please call:

Carl J Davis

(Name of Person)

at ( 610 ) 270-0599

(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)

### 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  
11 JUN 20 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**ARRAY HEALTHCARE FACILITIES SOLUTIONS, LLC**

2. The Articles of Organization were filed on July 29, 2004 and assigned document number  
L04000056178

3. The date the dissolution was approved: June 1, 2011

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).

No longer conducting business

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

Carl J Davis  
Pat Malick

Carl J Davis

Pat Malick