## L04000080477

•		
(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
ocianea oopies		
Special Instructions to	Filing Officer	
opeoid. Mediaesione to	Timing Officer.	
		:
		· · · · · · · · · · · · · · · · · · ·
		<b>~</b> O

Office Use Only



01/19/10--01040--004 \*\*25.00

FILED

10 JAN 19 PH 4: 00

SECRETARY OF STATE
ACCRETARY FLORIDA

J. BRYAN

JAN 2 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Family Imaging Center of	Wellington, LLC
· (Name of Lim	ited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	itted for filing
Please return all correspondence concerning this matter t	•
the many transfer of the many	
Thomas A. Montminy	anne of Person)  SECRETARY OF STATE FINANCOmpany)  SO4
(Na	anie of Person)
Montminy Law Firm	ame of Person)  ARE JARY OF STRING O
(Fi	rin/Company)
40 Willard Street, Suite 3	804 REAL S
	(Address)
Quincy, MA 02169	
(City/S	tate and Zip Code)
For further information concerning this matter, please ca	NI:
Thomas A. Montminy	at ( 617 ) 773-3333
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status	\$55.00 Filing Fee & Scartified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is     Family Imaging Center of Wellington	
ranny imaging Center of Weilington	1, 220
2. The Articles of Organization were filed on Nove	ember 5, 2004 and assigned document number
3. The date the dissolution was approved: Novem	ber 23, 2009
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back c	ited liability company's dissolution pursuant to section over letter).
The unanimous decision of all Members of the	e LLC in accordance with the Operating Agreement.
5. CHECK ONE:	
OR- Adequate provision has been made for the  6. All remaining property and assets have been distribrights and interests.  7. CHECK ONE:  ☐ There are no suits pending against the com —OR- —Adequate provision has been made for the entered against it in any pending suit.	limited liability company have been paid or discharged.  debts, obligations and liabilities pursuant to s. 608.4421.  outed among its members in accordance with their respective  spany in any court.  satisfaction of any judgment, order or decree which may be  f membership interests necessary to approve the dissolution:
Signature	Printed Name
Camed must	Carmel A. Shields, Authorized Agent, Shields Imaging of Florida, L
Sut 8h	Scott Scorupa, Mngr., Wellington Family imaging investment, LLC
	•
	· · · · · · · · · · · · · · · · · · ·

**FILING FEE: \$25.00**