

U05000036737

00789-00524-00671 form LC not INC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

U05-36737

(Document Number)

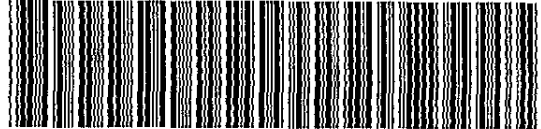
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/10

aliss

Office Use Only



900064051479

11/25/08 - 01/01/11 - 11/10 25.00

25.00

FILED
06 FEB 19 AM 10:14
TALLAHASSEE, FLORIDA

M. HODGES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2006

GAIL FRIZZELL
GENESIS MEDICAL STAFFING
3136 BISHOPS WAY
FRANKLIN, TN 37064

SUBJECT: GENESIS MEDICAL STAFFING, LLC
Ref. Number: L05000036737

We have received your document for GENESIS MEDICAL STAFFING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to dissolve this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 806A00007311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENESIS MEDICAL STAFFING, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Gail Frizzell
(Name of Person)

GENESIS MEDICAL STAFFING, LLC
(Firm/Company)

3136 Bishops WAY
(Address)

FRONKLIN, TN 37064
(City/State and Zip Code)

For further information concerning this matter, please call:

Gail Frizzell at (615) 948-3592
(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)

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**

1. The name of a limited liability company is

GENESIS MEDICAL STAFFING, LLC

2. The Articles of Organization were filed on 4-14-2005 and assigned document number

LO5000036737

3. The date the dissolution was approved: 12-14-2005

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 BUSINESS TRANSACTIONS - CLOSED
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

Gail Frizzell

Printed Name

Gail Frizzell

FILED
06 FEB 10 AM 10:14
TALLAHASSEE FLORIDA

FILING FEE: \$25.00