# L05000039297

(Requestor's Name)		
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C. LEWIS

JAN 6 2011

EXAMINER

## **COVER LETTER**

Divisio	n of Corporations		
SUBJECT:	Pool Medics LLC		
	(Name of Limited Liability Company)		
The enclosed Art	ticles of Dissolution and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
,	idillian A Milas		
Milliam C. Miles (Name of Person)			
Pool Medics, UC (Firm/Company)			
	(Firm/Company)		
	14218 Malouge Preserve Trail		
14218 Melouge Preserve Trail (Address)			
Dover, FL 33527 (City/State and Zip Code)			
	(City/State and Zip Code)		
	41 × 3 +		
For further information concerning this matter, please call:			
	100 A		
	William C. Miles at (941) 932-3393 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Table Code to 2 says and Total Printer Table 19		
Enclosed is a check for the following amount:			
\$25.00 Filing Fe	\$55.00 Filing Fee & Sertificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

### MAILING ADDRESS:

TO: Registration Section

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

<ol> <li>The name of a limited liability company is</li> </ol>	
Pool Medics, LLC	
2. The Articles of Organization were filed on 04-21  L 05000039297	- 05 and assigned document number
3. The date the dissolution was approved: 12-3-20 4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back coverage)  1(c), Written consent of all members	liability company's dissolution pursuant to section r letter).
(due to cessation of business operations	, , ,
-OR-Adequate provision has been made for the debt of t	
Signatures of the members having the same percentage of me	
Signature	Printed Name
_Will out-	William C. Miles
Kt Pt	Keith Peterson