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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 2 0 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Wes MD for Seniors com 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:
Inna Sheyher (Name of Person)
(Name of Person)  Web MD fon Schions. con LLC  (Firm/Company)
9126 Highland Ridge Way
City/State and Zip Code)
For further information concerning this matter, please call:
In he Sheyher at (813) 361-1255 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY					CRETAR	08 HAY 19	FILE
1. The name of a limited liability company is  Web MD for Seniors, Co	m U	LC_				⊋ ယ ~	0
2. The Articles of Organization were filed on	5/04/2	005	and	d assigned o	iocume	<b>→</b> nt nu	ımbe
3. The date the dissolution was approved:	05/12/2	2008	•				
4. A description of occurrence that resulted in the lin 608.441, Florida Statutes, (copy 608.441 on back	AGNION INSTAN		-				
608.441 c - Upon to of all of the men liasility compa	userc	of	the l	inited	<del></del>		
liasility compa	77			. , , - , .			
,	•						
<ul> <li>6. All remaining property and assets have been districted to the rights and interests.</li> <li>7. CHECK ONE:  There are no suits pending against the control of the entered against it in any pending suit.</li> </ul>	npany in an	y court.					
Signatures of the members having the same percentage	of membersl	nip intere	sts necessary	y to approve	e the dis	ssolu	tion:
Signature			Printed Name				
of Och			OLEG	OSA	DCH	19	
Many			OLEG	SH	EJ/	VΕ	R