

LU5000062952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

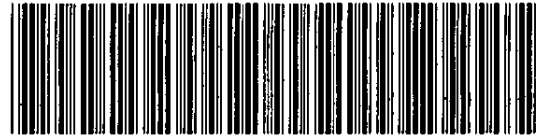
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 10 2008

EXAMINER



800131038768

06/09/08--01016--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN -9 PM 1:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pulmonary Rehabworks 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:

Nancy Boomer
(Name of Person)
Pulmonary Rehab Works LLC
(Firm/Company)
347 Thornberg Drive
(Address)
Tallahassee FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Boomer at 850, 894-5357
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 JUN -9 PM 1:27

1. The name of a limited liability company is

Pulmonary RehabWorks LLC

2. The Articles of Organization were filed on June 24, 2005 and assigned document number

L05000062952

3. The date the dissolution was approved: 5/12/08

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).

The determination by all of the Members of the
Company that the Company shall be dissolved
per section 10.01(a) of Article X of the
Pulmonary RehabWorks, LLC operating Agreement dated
June 24, 2005.

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

Boomer
Nancy Boomer
Kathleen Carroll

Chad Boomer
Nancy Boomer
Kathleen Carroll