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SECRETARY OF STATE



COVER LETTER

	tration Section ion of Corporations		
SUBJECT: _	CDS OF JACKSONVILLE	Limited Liability Company)	
	Articles of Dissolution and fee(s) are s	_	
	CHARLES J.DA		
		(Name of Person)	07 FEB -2 PM 1:56 SEGRETARY OF STATE ALLAHASSEE FLORIDA
	9283-2 SA	(Firm/Company) N JOSE BOWLENARD (Address)	2 PH SEE FLO
			1:56
D 6 4 4 6		FL 32257 City/State and Zip Code)	
For further into	CHAKLES J. DAVID (Name of Person)	. 1	3-9668 e Telephone Number)
Enclosed is a ch	reck for the following amount: Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stams & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations g

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is		
CDS OF JACKSONVELL, LLC		
2. The Articles of Organization were filed on	9/8/2005	and assigned document number
3. The date the dissolution was approved:	02/12/2007	O7
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on based)	e limited liability comparack cover letter).	ny's dissolution pursuant to section
RETIREMENT OF ONLY MEMBER		(MO -0)
		0
5. CHECK ONE:		0.7 5.6
 6. All remaining property and assets have been drights and interests. 7. CHECK ONE: There are no suits pending against the OR- Adequate provision has been made for entered against it in any pending suit. 	company in any court.	nbers in accordance with their respective udgment, order or decree which may be
Signatures of the members having the same percenta	age of membership intere	ests necessary to approve the dissolution:
Signature		Printed Name
		CHARLES S. DAVID
		
		
	-	