10500089549

(Requestor's Name)	
(Address)	_
(Address)	
((1001000)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(,,,	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
Special instructions to Filing Officer:	
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08 JAN 14 PH 3: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCT JAN 14 2003 EXAMINATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARROCUMOD PROFESSIVAR OFFICES II, 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:
_THENESA L. ACOUT
(Name of Person)
(Firm/Company)
Α
15903 LAHINGH CIRCLE
(Address)
15903 LAHING CIRCLE (Address) (Address) (City/State and Zin Code)
(City/State and Zip Code)
RA S
For further information concerning this matter, please call:
1841 ADET at (813) 968-8585
(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) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
MAILING ADDESS. STREET/COUDIED ADDESS.

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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	. 60	
CARROLLWOOD PROFESSIONAL	8/23/2005 and assigned document	
	8/22/2 mm	
	and assigned document	nt number
L05000089549		
3. The date the dissolution was approved:	12008	
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's dissolution pursuant to	tion
CEASED OPERATIONS.	AHL.	1 1
	14	- Trains
	E P	(2) page
	F 3:	
		<u> L</u> J
5. CHECK ONE:	JA O	
All debts, obligations and liabilities of the	ne limited liability company have been paid or discha	rged.
OR- Adequate provision has been made for the	ne debts, obligations and liabilities pursuant to s. 608.	.4421.
 All remaining property and assets have been distrights and interests. 	ributed among its members in accordance with their r	espective
7. CHECK ONE:		
There are no suits pending against the co		
-OR-	• •	
Adequate provision has been made for the entered against it in any pending suit.	ne satisfaction of any judgment, order or decree which	n may be
Signatures of the members having the same percentage	of membership interests necessary to approve the dis	ssolution:
Signature	Printed Name	
Signature	Frinted Name	
25.00A	KENNETH W. ALBER	_
1 4000 1		_
Africa I allert	Theresa L. Albe	<u> </u>