

LOS 00018255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

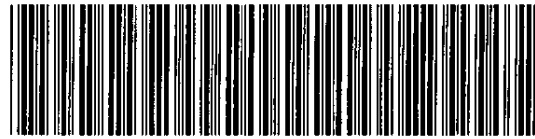
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



100138094461

11/24/08--01026--009 **43.75

FILED
08 DEC 22 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature or initials enclosed in a circle.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2008

STEVEN KATZ
9509 NEW WATERFORD COVE
DELRAY BEACH, FL 33446

SUBJECT: TEAM PARAMEDIC, LLC
Ref. Number: L05000108255

We have received your document for TEAM PARAMEDIC, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 508A00058588

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Paramedic 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:

Steven Katz
(Name of Person)

~~Team Paramedic LLC~~
(Firm/Company)

9509 New Waterford Circle
(Address)

Delray Beach FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Katz at (561) 302 1118
(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)

*glady pd
\$42.75*

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**

08 DEC 22 11:35
FILED
STATE OF FLORIDA
TALLAHASSEE

1. The name of a limited liability company is

Team Paramedic LLC

2. The Articles of Organization were filed on 11/7/08 and assigned document number

05000108255

3. The date the dissolution was approved: 11/5/08

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).

no longer has any assets or function

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

[Signature]
[Signature]

Stacy Ketz
Nicole Ketz