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SECRETARY OF STATE ALLAHASSEE, FLORIDA

Jole 3468

## **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT: _	Fonensic	HEALTH (Name of Limited	Service & M. Liability Company)	ANAGENENT, LLC.
	Articles of Dissolution and		_	
	Mic	hele Pe	2 R e Z of Person)	
	Followsie	HEALT S	envices s' Man	NAGEN ENTRY CETARY CETA
		(Add	iress)	MII:
For further info	ormation concerning this n		3/43 nd Zip Code)	
	lichele Pe (Name of Perso	<i>Ue</i> 2	at ( <u>305</u> ) <u>66</u> (Area Code & Daytin	7-4441 ne Telephone Number)
Enclosed is a che \$25.00 Filing	eck for the following amount Fee 30,00 Filin Certificat		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327	n	STREET/COU Registration Se Division of Co Clifton Buildin	rporations

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FORENSIC HEALTH SOR	vice & MANAGEMENT, LLC.
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved:	12007
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section ver letter).
NO FURTHER buss.	iness To conduct.
-OR-	mited liability company have been paid or discharged.
	ted among its members in accordance will their respective.
7. CHECK ONE:	OP
There are no suits pending against the compa-OR-Adequate provision has been made for the sa entered against it in any pending suit.	any in any court.  It is faction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
uf	Michole Pexez.