L06000041277

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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2012 JAN 18 AM 9: 20
SECRETARY OF STATE

C. LEWIS

JAN 1 9 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2012

KATHY MASON / CARMODY LIMITED COMPANY 74 CONCORD DRIVE ORMOND BEACH, FL 32176

SUBJECT: CARMODY LIMITED COMPANY

Ref. Number: L06000041277

We have received your document for CARMODY LIMITED COMPANY and your check(s) totaling \$35.00. 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.

If you have any further questions concerning your document, please call (850) 245-6047.

Letter Number: 012A00000492

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

TO: Registration Section

COVER LETTER

ΓO: Registration Section Division of Corporations

Division	of Corporations			
SUBJECT:	CARMODY	LIMITED Limited Liability Company)	COM PAN	/
	(Name of	Limited Liability Company)		
		•		
The enclosed Artic	cles of Dissolution and fee(s) are s	submitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	KATH	W MASAU		
•	· · · · · · · · · · · · · · · · · · ·	(Name of Person)		
	"AS TO EVERY !			
_	<u>" ,</u>	(Firm/Company)		
	 . ,			
	74	CONCORD DI	ei 15	
		(* - # = - + - + *		
_	BRMON	D BEACH City/State and Zip Code)	FLORIDA	32176
	(0	City/State and Zip Code)	•	
For further informs	ation concerning this matter, pleas	se call:		
4	action concerning and matter, pread			•
_KA	THY MASON	at (386) (Area Code &	681-9784	•
			Daytime Telephone Number	r)
Enclosed is a check t	for the following amount:	ried sent		i
\$25.00 Filing Fee	30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing	Fee.
	Certificate of Status	Certified Copy (additional copy is end	Certificate of Sta	
		(additional copy is cite	(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

2012 JAN 18 AM 9: 20

1. The name of a limited liability company is	SECRETARY OF STATE TALLAHASSEE, FLORIE
CARMODY LIMITED CO	MPANY
2. The Articles of Organization were filed on	L 21, 2006 and assigned document number
L060000 41277	
3. The date the dissolution was approved:	MBER 1, 2011
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	liability company's dissolution pursuant to section or letter).
This was an ILC establish	Led to comply with a
medical transcription contra	ret. That contract is no longe
in effect. I was the sole proj	
70	
5. CHECK ONE:	
	ited liability company have been paid or discharged.
-OR- Adequate provision has been made for the deb	ots, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	d among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compan	y in any court.
Adequate provision has been made for the sati entered against it in any pending suit.	sfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
Signature	Printed Name
Kaity Maso	KATHY MASON
	•