

L06000045037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

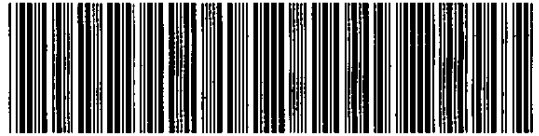
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FILED  
10 JAN 13 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 14 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MANDY HEALTH SERVICES 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:

GILBERTO AVILA

(Name of Person)

MANDY HEALTH SERVICES LLC

(Firm/Company)

13701 SW 12TH ST

(Address)

MIAMI, FL 33184

(City/State and Zip Code)

**FILED**  
**10 JAN 13 PM 1:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

GILBERTO AVILA

(Name of Person)

at ( 786 ) 873-8273

(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)

**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  
10 JAN 13 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
**MANDY HEALTH SERVICES LLC**

2. The Articles of Organization were filed on **05/01/2006** and assigned document number  
**L06000045037**

3. The date the dissolution was approved: **12/31/2009**

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).

**LOST IN INCOME FOR THE SERVICES THAT THE COMPANY  
WAS MAKING.THE ACTUAL INCOME CAN NOT SATISFY THE  
ORDINARY AND NECESSARY EXPENSES.**

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

**GILBERTO AVILA**

**CARMEN L GONZALEZ**