

LO60000070587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

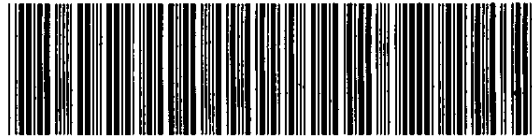
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10 JAN -4 PM 12:06

CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Outgum JAN -5 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNSOURCE HEALTHCARE STAFFING, 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:

DAWN EBANKS

(Name of Person)

SUNSOURCE HEALTHCARE STAFFING, LLC

(Firm/Company)

186 NAYLOR STREET NE

(Address)

PALM BAY, FLORIDA 32907

(City/State and Zip Code)

For further information concerning this matter, please call:

DAWN EBANKS

(Name of Person)

at ( 321 ) 693-7008

(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 -4 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SUNSOURCE HEALTHCARE STAFFING, LLC

2. The Articles of Organization were filed on 07/17/2006 and assigned document number

L06000070587 ON 07/18/2006.

3. The date the dissolution was approved: BUSINESS ACTIVITY CEASED ON 12/31/2007.

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).

DUE TO THE INACTIVITY OF THE COMPANY, AND AS THE SOLE MEMBER,  
I HAVE DECIDED TO TERMINATE THE ORGANIZATION.

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

Dawn Ebanks

DAWN EBANKS