

**LD000072560**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

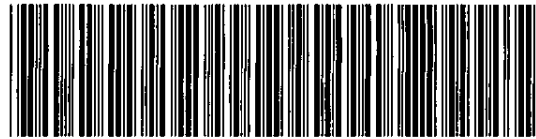
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600123841496

04/21/08--01011--015 \*\*25.00

**FILED**  
08 APR 21 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

APR 21 2008

**EXAMINER**

**International Sleep Network**

42, Throckmorton Lane  
Old Bridge, NJ 08857

Tel : 732-679-3800

Toll free : 877-ISN-4-SLEEP

Fax : 732-670-3866

www.isnsleep.com

April 14,2008

Division of Corporations  
P O Box 6327  
Tallahassee  
FL 32314

Dear Sir or Madam:

Please find enclosed the Articles of Dissolution for five Limited Liability Companies to be voluntarily dissolved.

The name of the companies is as below:

1. ISN Sleep Center of Jupiter, LLC
2. ISN Sleep Center of Tampa Bay, LLC
3. ISN Sleep center of West Palm Beach, LLC
4. Mobile Healthcares Services of Florida, LLC
5. Physician Education Network, LLC

Also find enclosed 5 checks of \$25 each towards filing fee. Request you to send the letter of acknowledgement to the above mentioned address.

Thanking You

Yours truly,

Rajesh Grover

**FILED**  
08 APR 21 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

*ISN NORTH, LLC*

1. The name of the limited liability company is ISN SLEEP CENTER OF JUPITER LLC

2. The effective date of the limited liability company's dissolution is 4/9/08

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
Section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

INACTIVE

**FILED**  
08 APR 21 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**4. 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.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

**6. CHECK ONE:**

☒ There are no suits pending against the company in any court.

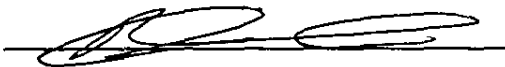
-OR-

☐ 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

Typed or Printed name



RAJESH GROVER

C/O INT'L SLEEP NETWORK

120 Wood Ave. S.

#511

ISLTON NJ 08830

**Filing Fee: \$25.00**