

L060000093132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

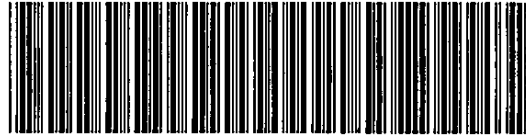
(Document Number)

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2006 OCT 11 P 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



October 9, 2006

Florida Secretary of State  
Corporate Filing Division  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Lakeshore Emergency Solutions, LLC (L06000093132)

Dear Ms. Secretary:

We are enclosing the original and one copy of the *Articles of Dissolution* for the above-named corporation along with check # 5771 in the amount of \$55.00 in payment of the filing fee and one certified copy. Please return certified copy to me at:

2828 Croasdaile Drive  
Durham, NC 27705

Do not hesitate to contact me if you need any additional information or there are any questions regarding the enclosed. Thank you for your prompt attention to this matter.

Yours very truly,  
PHOENIX PHYSICIANS, LLC

Joann W. Anderson  
Paralegal  
Enclosures

FILED  
2006 OCT 11 P 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lakeshore Emergency Solutions, LLC  
(Name of Limited Liability Company)

The enclosed Articles of <sup>Dissolution</sup>~~Amendment~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joann W. Anderson

(Name of Person)

Phoenix Physicians, LLC

(Firm/Company)

2828 Croasdaile Drive

(Address)

Durham, NC 27705

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Joann Anderson

(Name of Person)

at ( 919 ) 425-1500

(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**

1. The name of a limited liability company is

Lakeshore Emergency Solutions, LLC

2. The Articles of Organization were filed on 09-21-06 and assigned document number L06000093132

3. The date the dissolution was approved: 09-27-06

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).

Written consent of the sole member of the limited liability company

**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.

**FILED**  
2006 OCT 11 P 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Anita S. Wegner

Anita S. Wegner, Secretary, Phoenix Physicians, LLC  
Sole Member of the LLC

**FILING FEE: \$25.00**