

L06000 100689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

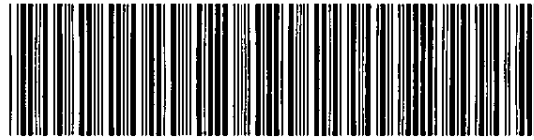
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/24/14--01001--021 **25.00

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14 JAN 23 PM 3:42

SECTION OF OFFICE

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2014 JAN 23 AM 1:12

CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

JAN 24 2014

D. BROOKS

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 01/23/2014

REF. #: 7311914.9028789

CORP. NAME: OUTCOME BASED DELIVERY SYSTEMS MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input checked="" type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70013768 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

FILED
2014 JAN 23 AM 1:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outcome Based Delivery System Management, 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:

Frederick Heath
(Name of Person)

Data Driven Delivery System, LLC
(Firm/Company)

111 Broadway - Suite 1005
(Address)

New York, NY 10006
(City/State and Zip Code)

For further information concerning this matter, please call:

Frederick Heath at (646) 217-4618
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is Outcome Based Delivery System Management, LLC
2. The Articles of Organization were filed on 10/10/2006 and assigned document number LOB 0000100689
3. The delayed effective date the dissolution if not effective on the date of filing: _____

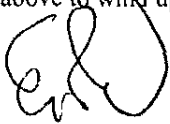
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Sale of assets of entity

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Frederick Heather
Data Driven Delivery Systems, LLC
111 Broadway - Suite 1005
New York, NY 10006

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Printed Name

Eric Moskwa

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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