L06000035533

(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:

A. LUNT

SEP 18 2009

EXAMINER

Office Use Only

000160276170

09/08/09--01023--013 **43.75

FILED

2009 SEP 17 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2009

ADAM ROSS
378 SW 12TH AVE.
DEERFIELD BEACH, FL 33442

SUBJECT: ACUTE RECOVERY SPECIALISTS LLC
Ref. Number: L06000103533

We have received your document for ACUTE RECOVERY SPECIALISTS LLC and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 709A00029997

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Acute Recovery Specialists, LLC

DOCUMENT NUMBER: L06000103533

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Ross
(Name of Contact Person)

Medics Ambulance Service, Inc.
(Firm/Company)

378 SW 12th Ave.
(Address)

Deerfield Beach, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Ross at (954) 312-1725
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☒ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acute Recovery Specialists, 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:

Adam Ross, Controller
(Name of Person)

Medics Ambulance Service, Inc
(Firm/Company)

398 SW 12th Ave
(Address)

Deerfield Beach, FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Ross at (954) 312-1725
(Name of Person) (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
2009 SEP 17 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Acute Recovery Specialists, LLC

2. The Articles of Organization were filed on 10/24/06 and assigned document number _____.

3. The date the dissolution was approved: 9/2/09.

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).
Acute Recovery Specialists never began operations so it was unanimously agreed to dissolve.

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
[signature]	Mitchell Cohen

FILING FEE: $25.00