

W06000 106793

(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:

4089

Office Use Only



500082630685

12/21/06--01007--012 **30.00

FILED

06 DEC 29 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-2-07
C. [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEMING HEALTH SOLUTIONS, 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:

KARINLEE FLEMING

(Name of Person)

FLEMING HEALTH SOLUTIONS, LLC

(Firm/Company)

5508 SW ORCHID BAY DR.

(Address)

PALM CITY, FL 34990

(City/State and Zip Code)

FILED
06 DEC 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KARIN FLEMING

(Name of Person)

at (772) 219-6968

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2006

KARINLEE FLEMING
5508 SW ORCHID BAY DR
PALM CITY, FL 34990

SUBJECT: FLEMING HEALTH SOLUTIONS, LLC
Ref. Number: L06000106793

We have received your document for FLEMING HEALTH SOLUTIONS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 506A00072329

FILED
06 DEC 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
Fleming Health Solutions, LLC

2. The Articles of Organization were filed on November 03, 2006 and assigned document number
L06000106793

3. The date the dissolution was approved: December 1, 2006

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).

no business activity has even begun. and
I am now dissolving the entity.

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

Karin Fleming

Printed Name

KARINLEE FLEMING

FILED
06 DEC 29 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA