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SECRETARY OF STATE

C. LEWIS

APR - 6 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Venra Primary Care, 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:		
Krishna Tripuraneni, M.D.		
(Name of Person)		
Venra Primary, LLC		
(Firm/Company)		
1157 South State Road #7		
(Address)		
Wellington, Florida 33414		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tony Pollak _{at (} 561 ₎ 795-3330		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2009 APR -3 PM 1: 4"

 The name of a limited liability company is Venra Primary Care, LLC 	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. The Articles of Organization were filed on Januar L07000007701	y 22, 2007 and assigned document number
3. The date the dissolution was approved: Septemb	er 30, 2008
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov Merger	d liability company's dissolution pursuant to section
5. CHECK ONE:	
All debts, obligations and liabilities of the lin	nited liability company have been paid or discharged.
	ebts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distribut rights and interests. 	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	any in any court.
-OR- Adequate provision has been made for the sa entered against it in any pending suit.	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of r	nembership interests necessary to approve the dissolution:
Signature	Printed Name
Durphyl	Krishna Tripuraneni, M.D.

FILING FEE: \$25.00