L07000013190

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02/27/09--01015--003 **30.00

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COVER LETTER

 ${\bf v}^{(i)}$

TO: Registration Section Division of Corporations		
SUBJECT: Alpha LS Medical Supplies and Equipment, 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:		
LOve lie S. Lovez (Name of Person)		
Alpha LS Medical Supplies and Equipment, LLC (Firm/Company)		
20491 S.W., 1st st. Pembroke fines, Fl., 33029		
(City/State and Zip Code) For further information concerning this matter, please call:		
(Name of Person) at (Q54) Q07 - 4741 (Area Code & Daytime Telephone Number)		
S25.00 Filing Fee S55.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status		

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

*

FIL ED
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1. The name of a limited liability company is Alpha LS Medical Supplies an	rallahassee Florida
2. The Articles of Organization were filed on Feb. 0 L07000 13690	4, 2007 and assigned document number
3. The date the dissolution was approved:	2008
4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover lette	r).
been materialized nor I ne	ver started it.
All debts, obligations and liabilities of the limited liaborate of the limited liable. Adequate provision has been made for the debts, ob 6. All remaining property and assets have been distributed amorights and interests. 7. CHECK ONE: There are no suits pending against the company in a OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.	ligations and liabilities pursuant to s. 608.4421. ong its members in accordance with their respective any court.
Signatures of the members having the same percentage of member	
Signature	Printed Name
Mury	Lorelie S. Lopez
· 	

FILING FEE: \$25.00