101000015906

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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10/15/07-01033-002 **30.00

FILED 07 OCT 15 AM 11: 08 SECRETARY OF STATE TALLAHASSEE FLORIDA





The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

ode & Daytime Telephone Number) പ E Enclosed is a check for the following amount: \$25.00 Filing Fee 30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fe 2 Certificate of Status Certified Copy Certificate of Status 80 (additional copy is enclosed) Certified Copy ^{2}m (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

1. The name of a limited liability company is
Physician's Protection, LLC
2. The Articles of Organization were filed on <u>21122007</u> and assigned document number <u>LOT000015906</u>
3. The date the dissolution was approved: 101007
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).
Written consent of all members of the LLC
as shown below by signature.

5. CHECK ONE:

All debts, obligations and liabilities of the limited liability company have been paid or discharge-OR-Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4

- 6. All remaining property and assets have been distributed among its members in accordance with their respect 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

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FILING FEE: \$25.00