

**LD7000038666**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

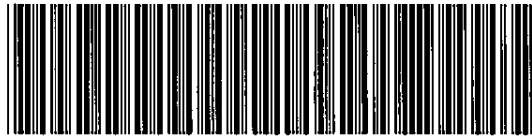
\_\_\_\_\_  
(Document Number)

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**RECEIVED**

**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

**2007 APR 11 PM 1:12**

**NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 843986 7582226

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : April 10, 2007

ORDER TIME : 11:51 AM

ORDER NO. : 843986-001

CUSTOMER NO: 7582226

FILED  
07 APR 11 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOMESTIC FILING

NAME: EZ HEALTH SYSTEMS LLC

XX\_\_\_\_\_ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: TROY TODD - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

1. The name of a limited liability company is

EZ HEALTH SYSTEMS LLC

2. The Articles of Organization were filed on April 10, 2007 and assigned document number  
L07000038666

3. The date the dissolution was approved: April 11, 2007

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).

This LLC was mistakenly filed twice using the Florida online filing system.

**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

/s/Scott Frohman

Scott Frohman, Authorized Representative

**FILING FEE: \$25.00**

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07 APR 11 PM 2:28  
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