

LO7000060764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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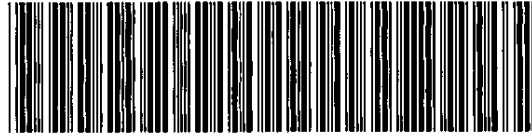
(Business Entity Name)

(Document Number)

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RECEIVED
08 JUN - 9 PM 12:44
DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 JUN - 9 PM 3:15
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 9 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 602314 7592689

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : June 9, 2008

ORDER TIME : 11:05 AM

ORDER NO. : 602314-005

CUSTOMER NO: 7592689

FILED
08 JUN -9 PM 3:15
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: INFINITY HEALTHCARE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT# 2937

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
INFINITY HEALTHCARE, LLC

2. The Articles of Organization were filed on 06/08/2007 and assigned document number
L07000060764

3. The date the dissolution was approved: 6/7/08

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).

TERMINATION of MEMBERSHIP of LLC - ALL MEMBERS

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

[Signature]

Printed Name

DANIEL BENNETT

FILING FEE: \$25.00