

# L07000083942

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(Requestor's Name)

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(City/State/Zip/Phone #)

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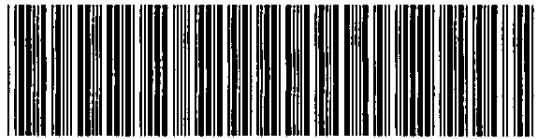
\_\_\_\_\_  
(Business Entity Name)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

NOV 18 2008

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PHYSICIANS PROFITABILITY GROUP, 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:

MONICA JABLONSKI

(Name of Person)

C/O JAMES MARTIN

(Firm/Company)

5025 WEST LEMON STREET, STE. 200

(Address)

TAMPA, FLORIDA 33609

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES MARTIN

(Name of Person)

at ( 813 ) 637-2230

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &  
Certificate of Status



\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

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1. The name of a limited liability company is  
PHYSICIANS PROFITABILITY GROUP, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on AUGUST 16, 2007 and assigned document number  
L07000083942

3. The date the dissolution was approved: AUGUST 1, 2008

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).

FLORIDA STATUTE 608.441(c) -

Unanimous written consent of all of the members of the limited liability company dated August 1, 2008.

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

Monica Jablonski

MONICA JABLONSKI - 100%

UNANIMOUS WRITTEN CONSENT IN LIEU OF  
SPECIAL MEETING OF THE MEMBERS  
OF  
PHYSICIANS PROFITABILITY GROUP, LLC

THE UNDERSIGNED, comprising all of the Members of PHYSICIANS PROFITABILITY GROUP, LLC, a Florida limited liability company (the "Company") hereby take this written action in lieu of a special meeting of the Members of the Company this 1st day of August, 2008.

RESOLVED, that the Company as above-described shall be dissolved effective this 1st day of August, 2008.

RESOLVED, that Monica Jablonski. is hereby designated to take all appropriate measures and actions to fully dissolve this Company as per the State of Florida statutes governing such dissolution of limited liability companies.

THE FOREGOING Written Action taken the year and day aforesaid.

PHYSICIANS PROFITABILITY GROUP, LLC

  
BY: Monica Jablonski/Managing Member

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SECURITY STATE  
TALLAHASSEE, FLORIDA