

LOT000084627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

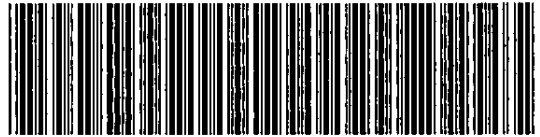
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAY 19 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 20 2010

EXAMINER

S. HAWKES

MAY 04 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2010

SAMANTHA SNOWDEN
25 WALNUT LANE
ORMOND BEACH, FL 32174

SUBJECT: MEDICAL PROFESSIONAL STAFFING L.L.C.
Ref. Number: L07000084627

We have received your document for MEDICAL PROFESSIONAL STAFFING L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 910A00011212

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: medical professional staffing
(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:

samantha or john snowden
(Name of Person)

medical professional staffing
(Firm/Company)

25 walnut lane
(Address)

ormond beach fl 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

samantha or john snowden at (386) 676-7724
(Name of Person) (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

1. The name of a limited liability company is
medical professional staffing LLC

2. The Articles of Organization were filed on 8/17/07 and assigned document number
107000084627

3. The date the dissolution was approved: _____

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).

5. CHECK ONE:

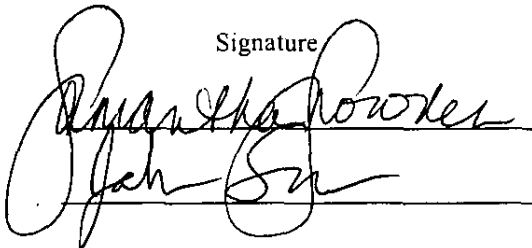
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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.

X Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name

samantha snowden

john snowden