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EXAMINER

	COVER LETTER
TO:	Registration Section
	Division of Corporations
SUBJE	CT: <u>Clinican</u> Cognition (Name of Limited Liability Jompany)

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

Please return all correspondence concerning this matter to the following:

(Name of Person (Firm/Company) (Address) (City/State and Zip Code) ÷ 1 5 For further information concerning this matter, please call: яt (Name of Person) (Area Code & Day Telephone 1 time N So Err; Enclosed is a check for the following amount: \$60.00 Filing Fee, \$25.00 Filing Fee 30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

and soft	ARTICLES OF I FO A LIMITED LIABI	R	free par	
- Etig	ted liability company is . CLAICIAA	Cogniti	iδγ	•
2. The Articles of Orga	nization were filed on	<u> U </u>	nd assigned document	t number
 The date the dissolut A description of occ 608.441, Florida State 	ion was approved:5/// urrence that resulted in the limited tutes, (copy 608.441 on back cove	liability company's dissol r letter).	ution pursuant to sect	ion
The comp Lack of	pany has du ratenue and	polved du business	10 9	·····
-OR-	oligations and liabilities of the lim ovision has been made for the del	· · ·		10
6. All remaining proper rights and interests.	rty and assets have been distribute	d among its members in ac	cordance with their re	spective
-OR- Adequate pr	o suits pending against the compar rovision has been made for the sat nst it in any pending suit.	• •	order or decree which	Thay be
Signatures of the members	Theying the same percentage of m	embership interests necess	ary to approve the dis	solution:
Signature) e_	<u> </u>	rinted Name	May
		<u> </u>		<u> </u>

FILING FEE: \$25.00